

HABITATIONAL SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD Application)

Please answer all questions. If a question does not apply, indicate 'not applicable'.

Agency Name: _____ Agency Number: _____

Agency Address: _____

Proposed Policy Period: From: _____ To: _____

Applicant's Name: _____ Date: _____

Mailing Address: _____

(No., Street, County, State, Zip Code)

Description of Operations: _____

Individual Corporation Partnership Joint Venture Other _____

Limits of Liability Requested

General Aggregate \$ _____

Products & Completed Operations Aggregate \$ _____

Personal & Advertising Injury \$ _____

Each Occurrence \$ _____

Damage to Premises Rented to you \$ _____

Medical Expense (any one person) \$ _____

Deductible \$ _____

Property Coverages/Limits Requested

Building: \$ _____

Contents: \$ _____

Business Income: \$ _____

Other: \$ _____

Equipment Breakdown:

Deductible \$ _____

Coinsurance % _____

Other Coverages, Restrictions, and/or Endorsements: _____

PROPERTY LOCATIONS:

Location Name, Street Address, City, County, State, Zip Code (attach a separate sheet if additional space is needed)

1. _____

2. _____

3. _____

Name and Phone Number of Individual to Contact for Inspection/Audit: _____

A. DESCRIPTION OF LOCATIONS

	Loc. #1	Loc. #2	Loc. #3
Year Built			
Number of Stories			
Number of Units			
Number of Buildings/Sq. ft.			
Heating/HVAC Type			
Any Lead Paint (deleaded?)			
Stairwells Open or Enclosed?			
Number of Exits			
Emergency lighting?			
Fire door or panic hardware?			
Manager on premises?			
Monthly Rent per Unit:			
% of Units subsidized			

B. RENOVATION/MOST RECENT UPDATE (provide Year & Type of Update)

	Loc #1	Loc #2	Loc #3
Roof			
Plumbing			
Electrical (type of wiring)			
Currently Renovating? Cost?			

C. SWIMMING POOL(S)

Location Numbers: _____

1. Does the pool(s) have:
 - a. Diving Boards? Yes No
If 'Yes', height: _____
 - b. Slides? Yes No
 - c. Steps into shallow end with handrails? Yes No
 - d. Ladder at deep end with handrails? Yes No
2. Is the pool area completely surrounded by building walls or fence? Yes No
If 'Yes', height of fence: _____
3. Are gates or doors opening into the pool area equipped with a self-latching device? Yes No
4. Are the depth markings clearly shown? Yes No
5. Lifeguards? Yes No
6. Are warning signs and rules posted and clearly visible? (Provide wording or photo.) Yes No
7. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook, poolside? Yes No
8. Who maintains the pool? Applicant Outside Contractor
If Outside Contractor, are certificates of insurance on file? Yes No

