



HABITATIONAL SUPPLEMENT
(Include with ACORD Application)

Applicant's Name: _____ Mailing Address: _____

City, State, ZIP: _____ Website Address: _____

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

Answer all questions. If they do not apply, indicate "Not Applicable."

Is applicant a Real Estate or Property Management company? Yes No Number of years in business: _____

PROPERTY LOCATIONS (# Location Name, Street Address, City, County, State, ZIP)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Are any of the properties residential retirement centers or assisted living centers? Yes No

Are any of the properties housing authorities or do they include subsidized housing? Yes No

If yes, explain: _____

During the past three years, has any company canceled, declined or refused similar insurance to the applicant? Yes No
(Not applicable in Missouri)

If yes, explain: _____

Any prior losses due to mold? Yes No If yes, has mold been completely remediated? Yes No

Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

DESCRIPTION OF PROPERTIES

		Location #1	Location #2	Location #3	Location #4	Location #5
Years owned						
Type of occupancy*						
Year built						
No. Stories						
No. Units—total						
No. Buildings						
Total square feet						
Pool? <i>See Section C</i>						
Manager on premises?						
If occupancy is other than habitational, please describe the occupancy						
Square feet						
Monthly rent per unit	1 BR apartment					
	2 BR apartment					
	3 BR apartment					
	Other dwellings					
	No. Units subsidized					
% of university or college students as tenants						
Subcontracted work— Anticipated cost next 12 months						

Use alpha code listed for type of occupancy: A - Apartment building B - Garden apartments C - Apartment hotel/timeshare D - Dwelling one family E - Dwelling/two family F - Dwelling/three family G - Dwelling/four family H - Boarding or rooming house

RENOVATION/MOST RECENT UPDATE

Year and type of update	Location #1	Location #2	Location #3	Location #4	Location #5
Roof					
Plumbing					
Wiring and electrical					
Paint					
Sidewalks					
Patio/balconies railings					
Parking areas					
Currently renovating?					
Cost/type of renovation					
Certificates for subcontractors on file?					

FIRE PROTECTION

- 1. Sprinklered? Yes No
 - All Units? Yes No
 - Common areas only Yes No
- 2. Smoke detectors in each unit? Yes No
 - If yes: Hard-wire or battery? _____
 - How often checked? _____
- 3. Fire extinguishers? Yes No
 - In common areas? Yes No
 - In each unit? Yes No
- 4. Number of units per fire division: _____

MAINTENANCE

- 1. Is janitorial, lawn care or snow removal performed by outside contractors or applicant's employees? Contractor Employee
 - If outside contractor, are certificates of insurance on file? Yes No
 - Is the applicant named as additional insured on their policy? Yes No
- 2. Who is responsible for upkeep of sidewalks and driveways? _____

SECURITY

Is security provided? Yes No If yes, what type? Patrol Gated access Alarm systems in each unit

- 1. If patrol, please answer the following questions:
 - a. Armed or unarmed? Armed Unarmed
 - b. Are the guards employees of the management or independent contractors? Management Contractors
 - If independent contractors, are certificates of insurance required? Yes No
 - Is the applicant named as additional insured on their policy? Yes No
 - c. Is the security 24 hours? Yes No
 - d. What are the guards responsible for? Residents' safety Complex and amenities
- 2. If gated, please answer the following questions:
 - a. Is the entire apartment complex gated? Yes No
 - b. How is access obtained? Guard at gate Card Security code
 - c. Who is given access? _____
 - d. If the gate is card or security code access, how often is maintenance done on the gate? _____
 - What procedure is in place if gate is not working? _____
- 3. If alarm systems are provided, please provide answers to the following questions:
 - a. Are alarm systems in every unit? Yes No
 - b. Are the residents shown how to operate the alarm systems? Yes No
 - c. Who monitors the alarms? _____

4. Do the residents' doors or windows contain any of the following?
 Viewing windows in front doors Lock pins for windows and sliding glass doors
 Window locks/bars Dead bolts
5. Master keys and locks:
a. How does management handle the monitoring of master keys? _____
b. How are locks handled upon vacancy of residents? Re-keyed Changed completely
6. Criminal incidents:
a. Does management advise residents of all criminal activity that has taken place upon the properties? Yes No
How is this done? _____
b. Is this information provided to prospective renters if requested? Yes No

SWIMMING POOLS

Number of pools: _____ Location number for pools: _____

Diving boards? Yes No If yes, height: _____

Slides? Yes No If yes, height: _____

1. Underwater lighting? Yes No
2. Steps into shallow end with handrails? Yes No
3. Ladder at deep end with handrails? Yes No
4. Is the pool area completely surrounded by building walls or fence? Yes No
5. If yes, height of fence: _____
6. Are gates or doors opening into the pool area equipped with a self-closing and self-latching device? Yes No
7. Are the depth markings clearly shown? Yes No
8. Are warning signs and rules posted and clearly visible? Yes No
9. Provide wording or photo.
10. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook, available poolside? Yes No
11. Is pool maintained by applicant or outside contractor? Applicant Outside Contractor
12. If outside contractor, are certificates of insurance on file? Yes No
13. Are lifeguards provided by applicant or by outside pool management company? Applicant Pool management company
If outside, are certificates of insurance on file? Yes No

OTHER RECREATIONAL EXPOSURES

Number of:

Baseball field(s): _____	Lake(s)/Pond(s) (acres): _____	Spa/Hot tub(s): _____
Basketball court(s): _____	Park(s) (acres): _____	Stable(s): _____
Beach(es): _____	Playground(s): _____	Street(s)/Road(s) (miles): _____
Bike trail(s) (miles): _____	Racquetball court(s): _____	Tennis court(s): _____
Boat slip(s): _____	Sauna(s): _____	Volleyball court(s): _____
Clubhouse (sq. ft.): _____	Shooting Range(s): _____	

Are these available to non-residents for a fee? Yes No If yes, annual receipts: _____