



HABITATIONAL SUPPLEMENT
(Include with ACORD Application)

Applicant's Name _____

Mailing Address _____

Web Site 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 Code

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? (Not applicable in Missouri.) ___ Yes ___ No

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 LOCATIONS

	Loc. #1	Loc. #2	Loc. #3	Loc. #4	Loc. #5
Years owned					
Type of occupancy*					
Year built					
No. Stories					
No. Units—total					
No. Buildings					
Total square feet					
Pool?—see Section C.					
Manager on premises?					
If occupancy is other than habitational, please describe the occupancy.					
Square feet					
Monthly rent per unit:					
Apartments: 1 BR					
2 BR					
3 BR					
Other					
Dwellings:					
of 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 E - Dwelling/two family
 B - Garden apartments F - Dwelling/three family
 C - Apartment hotel/timeshare G - Dwelling/four family
 D - Dwelling one family H - Boarding or rooming house

RENOVATION/MOST RECENT UPDATE

Year and Type of Update	Loc. #1	Loc. #2	Loc. #3	Loc. #4	Loc. #5
Roof					
Plumbing					
Wiring & 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
 Is 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? Contactor 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? _____
- b. Are the guards employees of the management or independent contractors? _____ Management _____ Independent 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? _____
- 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)	_____	Lakes/Ponds (acres)	_____	Spa/Hot tub(s)	_____
	Basketball courts(s)	_____	Parks (acres)	_____	Stables	_____
	Beaches	_____	Playground(s)	_____	Street/Roads (miles)	_____
	Bike Trails (miles)	_____	Racquetball court(s)	_____	Tennis court(s)	_____
	Boat Slip(s)	_____	Saunas	_____	Volleyball courts	_____
	Clubhouse (sq. ft.)	_____	Shooting Ranges	_____		

Are these available to nonresidents for a fee?

___ Yes ___ No

If yes, annual receipts: _____

