



Habitational/Lessors Risk Supplemental Application

Insured must complete and sign this application. All questions must be answered in full. If not applicable, so state.

Contact Person Name _____ Contact Phone # _____ Contact Email _____

1. Name of Applicant _____

2. Address (business) _____

3. What business are you in?
 Property Owner Habitational Property Manager
 Property Owner Commercial Hotel/Motel Operator
 Restaurant Operator Other

4. How many years have you been in business under the present name? _____

5. Indicate the construction type of the structure:
 A. Frame/Combustible _____ D. Masonry/Noncombustible _____
 B. Joisted Masonry _____ E. Modified Noncombustible _____
 C. Noncombustible _____ F. Fire Resistive _____

6. How many stories? _____ How many units/rooms? _____

7. What is the age of the structure? ____
 If over ten years, has it been rewired? Yes No
 Is there aluminum wiring? Yes No
 If so, please explain. _____

8. Occupancy: Middle class Average Monthly rent per unit _____
 Low income Occupancy rate _____
 Subsidized
 Elderly Assisted Living

9. Does each room have a smoke alarm?
 Are the smoke alarms hardwired? Yes No
 Central station Yes No
 How often does management check operation of each detector? _____
 Is a record kept of these checks? Yes No
 Is there a manually operated fire alarm system on each floor, which audible alarm devices? Yes No

10. Does each floor have at least two properly marked exits? Yes No
 Are these exits directly to the outside? Yes No
 If not, explain. _____
 Are all interior stairwells completely enclosed with a noncombustible material? Yes No

11. Does the structure have a sprinkler system? Yes No
 Is the structure completely sprinklered? Yes No
 Is the structure partially sprinklered? Yes No
 Does the sprinkler system have a "water flow alarm" connected to a recognized central station facility or a fire or police department which is manned 24 hours a day? Yes No
 If not, explain. _____
 Is there a watchman using a portable clock marking bi-hourly tours of the building during non-daylight hours and weekends? Yes No
 If not, explain. _____

12. Is there a restaurant located on the premises? Yes No
 Is it on the top floor? Yes No
 Is it below ground? Yes No
 Is there a fire suspension system over 100% of the cooking area? Yes No
 Is the restaurant equipped with an automatic sprinkler system? Yes No
 If not, explain. _____
 Annual Liquor Sales _____
 Annual Food Sales _____

13. Do you have security guard personnel on the premises? Yes No
 If so, are they armed or unarmed? Armed Unarmed



Are security guard personnel on the premises 24 hours?	Yes	No
Are the security guards employees?	Yes	No
Are the security guards contracted out ?	Yes	No
If so: are contracted security guard personnel required to provide certificates of insurance with limits and coverages equal to that of your general liability policy?	Yes	No
Are contracted security guard personnel required to name your company as an additional insured under the general liability policy?	Yes	No
Are there signs of drug or gang activity on or near the properties?	Yes	No
Has the properties experienced any criminal activity regardless, if such activity led to the reporting of a formal claim?	Yes	No
14. Does the premises contain swimming pool(s)?	Yes	No
If so, how many swimming pools? _____		
Do any of the swimming pools have diving boards?	Yes	No
Do all swimming pools have clearly identifiable depth markings?		
Are lifeguards on duty at all times?	Yes	No
If not, what are the hours ? _____		
Are pools fenced with self-locking gates?	Yes	No
15. Is there a superintendent resident in each location?	Yes	No
16. Lead exposures		
Have any of the above listed buildings undergone lead abatement or lead hazard control?	Yes	No
If so, attach copy of report.		
List for each of the above listed buildings whether there has been a lead survey or other environmental assessment and attach copies if reduced to writing. _____		

Has there been any lead liability losses?	Yes	No
Are the any statutes, standards or other city, state or federal regulations relating to lead contamination or lead poisoning prevention with which you are not in compliance?	Yes	No
Have you been prosecuted for contravention of any standard or during the last 5 years' law relating to lead contamination or lead poisoning prevention?	Yes	No
Describe any suits or claims made against you involving lead contamination during the last 5 years. _____		
Describe any other suits or claims made against you during the last 5 years. _____		

Describe any notices of abatement, notices or lead contamination or reports concerning a lead- poisoned child or the presence of lead in any unit or building you own or have owned, whether or not listed above. IF NONE, PLEASE SO STATE. _____		

If you have received such notices, indicate when, by whom, whether a final inspection was made by any agency or entity and whether the violation was removed. _____		

Do tenants or insured(s) paint the units? _____		
Was each unit in each building painted within the last three (3) years?	Yes	No
Describe all procedures for responding to tenant complaints. _____		

Describe all procedures, including inspections made of each unit, that are followed when a tenant vacates a unit. _____		

17. Are tenants required to carry insurance in your favor for liability exposures?	Yes	No
Are tenants responsible for repairs and maintenance?	Yes	No
What type of independent contractors are used? i.e. security, construction, janitorial, professionals etc. ?		
Are certs of insurance received from all independent contractors ?	Yes	No
Are there any hold harmless /indemnity agreements between the Insured and independent contractors?	Yes	No
If no please explain.		



18. The location schedule must be fully completed for all locations to be covered.

LOCATION #			
Address:			
Age:	Type of Occupancy	Date of most recent renovations	No. of Units/Area
# of Stories	Type of Construction	Year Built	No. of children under 6 years-If applicable

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USE ADDITIONAL LOCATION LISTING SHEETS FOR MORE LOCATIONS

19. Additional Interest (Loss Payee, Mortgagee, Lienholder, Additional Insured)

Interest	Name & Address	Loc. #	

Signature of Producer

Date

Signature of Applicant

Date