



**Habitational Supplemental Questionnaire**  
**(Apartments, Hotels, Motels, Dwellings)**  
**(Complete in Addition to Acord Application)**

*ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)*

Applicant's Name:

Agents Name:

Mailing Address:

Address:

Proposed Effective Date:

From: To:

Applicant is: Individual  Corporation  Partnership  Joint Venture  Other

Property Locations:

Location Name, Street Address, City, County, State, Zip Code

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**A. FIRE PROTECTION**

1. Sprinklered? Common Areas Only?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	All Units?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Smoke Detectors in each unit? Hallway leading to bedroom?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Hard Wired or Battery?	_____
3. Fire Extinguishers in common areas? Annual Contract for Inspection?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	In each unit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Carbon Monoxide (CO) Detectors in each unit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hard Wired or Battery?	_____
5. How many feet between buildings?	_____		

**B. SECURITY**

1. Is Security Provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. What Type?	<input type="checkbox"/> Patrol <input type="checkbox"/> Gated Access <input type="checkbox"/> Alarm Systems
3. If Patrol, please answer the following questions:	
a. <input type="checkbox"/> Armed or <input type="checkbox"/> Unarmed	
b. <input type="checkbox"/> Independent Contractor or <input type="checkbox"/> Employee	
c. If employee - what is payroll?	_____
d. Days of week?	_____
e. 24 hour security?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is the premises' including all parking areas lighted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is there functioning video surveillance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Peep Holes in each unit door?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Dead Bolts in each unit door	<input type="checkbox"/> YES <input type="checkbox"/> NO

C. RENOVATIONS / MOST RECENT UPDATE

Year and Type of Update	Loc #1	Loc #2	Loc #3	Loc #4	Loc #5	Loc #6
Roof						
Plumbing						
HVAC						
Electric						
Other						

D. DESCRIPTION OF LOCATIONS

	Loc. #1	Loc #2	Loc#3	Loc #4	Loc #5	Loc #6
Years owned by insured						
* Type of occupancy						
* Use alpha code listed for type of Occupancy:						
A - Apartment Bldg.	D - Dwelling / One Family		G - Dwelling / Four Family		J - Motel	
B - Garden Apts.	E - Dwelling / Two Family		H - Boarding or rooming house		K - Hotel	
C - Apartment-hotel Or Time Share	F - Dwelling / Three Family		I - Fraternity or Sorority house		L - Condominium	
Type of construction						
Year built						
Number of stories						
Number of total units						
Number of buildings						
Total square feet						
Manager on premise?						
Monthly rent per unit:						
Apartments: 1 BR						
2 BR						
3 BR						
Other						
Monthly rent per Dwellings:						
% of units occupied?						
% of building owner occupied						
% of units rented to elderly						
% of units subsidized						
% student renters						
Wiring – Copper (or) Aluminum?						
If Aluminum – Single or Multi-Strand?						
Fire walls separating buildings?						
Any wood shake shingle roofs?						
Type of Heating system?						
If space or portable heating – Is it UL electric, kerosene, vented gas, or un-vented gas?						
Any wood burning stoves or fireplaces?						
If yes last time inspected/cleaned?						
Is this on a Historical Register (Local, County, State or National)?						
Any car ports?						
Any fences?						
Protection class						
Is building a retirement/elderly facility?						
If Yes Any medical assistance offered?						
If Yes Any emergency pull cords or call buttons?						
Is bldg. an assisted living facility?						
If > 3 stories are interior stairways equipped with self closing/locking fire doors on each floor?						

E. GENERAL INFORMATION

1. If there have been any water damage claims within the past 3 years - has the insured taken protective safeguards to ensure this does not happen again?  YES  NO  
If yes - please describe:
2. Have you received any claims for wrongful eviction in the past 5 years?  YES  NO  
If yes, please provide details  
How many of these claims were paid?
3. Are any of your properties subject to rent control laws?  YES  NO
4. Do you provide babysitting/child care services?  YES  NO
5. Have there ever been any assault & battery incidents/claims on this property?  YES  NO  
If yes please describe:
6. If this is a new purchase, have you inquired from the previous owner if there have ever been any assault & battery incidents/claims on this property?  YES  NO If Yes please explain:
7. Are more than 10 units long term rentals (greater than 30 days)?  YES  NO
8. What procedures are in place for repair/replacement of broken windows, patio doors, door locks, etc.?
9. Is there a full time maintenance staff on premises or is the work subcontracted out?
10. What is the timeframe for these types of repairs mentioned in 8. above?
11. Is there a pest control contract?  YES  NO
12. If yes, how often are treatments performed? \_\_\_\_\_ (Monthly, Quarterly, Yearly)
13. Have there been any bed bug incidents/claims on this property?  YES  NO
14. Are there stairs on the property?  YES  NO
  - a. Exterior or interior or both?
  - b. Condition of stairs?
  - c. Do stairs have slip resistant material across the length of the stair?  YES  NO
    - i. If no, please describe stair covering (i.e. carpet, wood, etc).
  - d. Are their handrails on all stairs and balconies?  YES  NO
    - i. What is the height of the handrail?
15. Any Elevators?  YES  NO Maintenance Contract  YES  NO  
How often maintained? \_\_\_\_\_
16. Do all bathtubs have non-slip surfaces and grab bars?  YES  NO
17. Is applicant currently open for business?  YES  NO
18. Are more than 10 units long term rentals (greater than 30 days)?  YES  NO

**F. SWIMMING POOLS**

Loc #'s \_\_\_\_\_ Diving Boards?  YES  NO If yes, height: \_\_\_\_\_  
 Slides?  YES  NO Underwater Lighting?  YES  NO

Steps into shallow end with handrails?  YES  NO

1. Is the pool area completely surrounded by building walls or fence?  YES  NO  
If Yes, height: \_\_\_\_\_
2. Are gates or doors opening into the pool area equipped with a self-closing and self-latching device?  YES  NO
3. Are the depth marking clearly shown?  YES  NO
4. Are warning signs and rules posted and clearly visible?  YES  NO
5. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook available at poolside?  YES  NO
6. Is the swimming pool equipped with suction safety devices as required by US Code annotated, Title 15. Commerce and Trade, Chapter 106, Pool and Spa Safety, Subchapter 8003, Federal swimming pool and spa drain cover standard.  YES  NO

**G. OTHER RECREATIONAL EXPOSURES**

Number of:

Playgrounds	Tennis Courts?	Racquetball courts	Basketball Courts
Volleyball courts	Baseball fields?	Acres of lakes/ponds	Boat slips

Exercise or Weight Rooms? \_\_\_\_\_ and total square footage (exercise and weight rooms only) \_\_\_\_\_.

Other: \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

The applicant, Agent, and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)

**I. FRAUD WARNING AND SIGNATURE**

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. The Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials (this Application), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable

in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA. Insurance benefits may also be denied in LA, ME, TN, and VA).

In the District of Columbia, Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Completion of this application does not bind coverage or commit the company to policy issuance.

Signature of Applicant:			
Title of Applicant (Officer/Partner):		Date	