



# HABITATIONAL SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Policy Number: \_\_\_\_\_

1. **Contact Person** (Owner/Manager): \_\_\_\_\_ Phone: \_\_\_\_\_

2. **Location street address, city, county, state and zip code** (if more than 4 locations, attach separate schedule):

Location #1: \_\_\_\_\_

Location #2: \_\_\_\_\_

Location #3: \_\_\_\_\_

Location #4: \_\_\_\_\_

### 3. Occupancy

a. Type of Risk:  Condominium  Townhouse  Homeowner  Apartment  Timeshare  
 Hotel / Motel (Receipts: \$ \_\_\_\_\_ )

b. Is this a master condo association?  Yes  No

c. Is this part of a master condo association?  Yes  No

### 4. Fire Protection and Security Information

a. Sprinkler system  Common areas  Trash chutes  All units  100%

b. Working standpipes/hoses on every floor?  Yes  No

c. Central station fire alarm?  Yes  No

d. Smoke detectors in each living unit?  Yes  No If yes, select type:  Battery  Hardwired

e. Fire Extinguishers: In each unit?  Yes  No In common areas?  Yes  No

f. Separation between buildings?  Yes  No If yes, distance between buildings: \_\_\_\_\_

g. Is security provided?  Yes  No If yes,  Patrol  Gated Access  Alarm System

24-hour security?  Yes  No

Type of security personnel:  Armed  Unarmed

Employee

Payroll: \$ \_\_\_\_\_

Independent/Contracted

Cost: \$ \_\_\_\_\_

If security is Independent/Contracted, are certificates required?  Yes  No

h. If gated, is the entire complex fenced?  Yes  No

How is access obtained? \_\_\_\_\_

Who is given access? \_\_\_\_\_

i. If alarm system, who monitors the system? \_\_\_\_\_

Are alarm systems in every unit?  Yes  No



**6. Recreational Facilities**

- a. Are there lakes on the property?  Yes  No If yes, provide total acreage: \_\_\_\_\_
- Boat ramps?  Yes  No If yes, provide receipts: \_\_\_\_\_
- Boat docks/slips?  Yes  No If yes, # of slips: \_\_\_\_\_
- Boat rentals?  Yes  No If yes, # of boats: \_\_\_\_\_ Receipts: \_\_\_\_\_
- Powered boats allowed on lake?  Yes  No
- Personal watercraft allowed on lake?  Yes  No
- Diving platforms (permanent or floating)?  Yes  No

Provide details of all boat rentals: \_\_\_\_\_

List permitted lake activities: \_\_\_\_\_

- b. Any dams?  Yes  No  
If yes, provide inspection report and pictures of dam (include downstream exposure).
- c. Any bike paths?  Yes  No If yes, # of miles: \_\_\_\_\_
- d. Any motorcycle or ATV trails?  Yes  No If yes, # of miles: \_\_\_\_\_
- e. Any club houses?  Yes  No If yes, total square footage: \_\_\_\_\_
- f. Any exercise or weight rooms?  Yes  No If yes, # of rooms: \_\_\_\_\_
- h. Any picnic areas?  Yes  No If yes, # of areas: \_\_\_\_\_
- i. Any golf courses and/or driving range?  Yes  No If yes, provide details: \_\_\_\_\_

- j. Any horse: Pasturing?  Yes  No Rental?  Yes  No
- Stables?  Yes  No Riding Ring?  Yes  No
- Trails?  Yes  No If yes, miles of riding trails: \_\_\_\_\_

- k. Are there any swimming pools?  Yes  No **(If yes, answer the remaining questions in 6.k.)**
- Pool hours: \_\_\_\_\_
- How many pools? \_\_\_\_\_
- Diving boards?  Yes  No If yes, provide height: \_\_\_\_\_
- Slides?  Yes  No If yes, provide height: \_\_\_\_\_
- Underwater lighting?  Yes  No
- Steps into shallow end with handrails?  Yes  No
- Do pool(s) have sloped entry present?  Yes  No

Are any ADA lifts installed?  Yes  No

If yes:

Are lift(s):  Fixed or  Non-Fixed

Are special life jackets provided?  Yes  No

Who is responsible for operating lift? \_\_\_\_\_

Describe operator training and lift maintenance procedures: \_\_\_\_\_

If no ADA lift(s), do you have plans to install?  Yes  No

Is pool area completely surrounded by walls or fencing with self-closing / self-latching gate?  Yes  No

If yes, provide height of wall and/or fence: \_\_\_\_\_

Do any doors open directly into the pool area?  Yes  No

Are depth markings clearly shown?  Yes  No

Do drain covers meet or exceed all codes, Acts or regulations?  Yes  No

Are warning signs and rules posted in accordance with local statutes and clearly visible?  Yes  No

Is rescue equipment, including a ring buoy and 12 foot shepherd's hook, available at poolside?  Yes  No

Pool maintained by:  Applicant  Outside Contractor

Lifeguards provided by:  Applicant  Pool Management Company  Other \_\_\_\_\_

Does applicant sponsor: Swim teams?  Yes  No If yes, how many? \_\_\_\_\_

Swim contest?  Yes  No If yes, provide total # of days: \_\_\_\_\_

l. Number of: Basketball Courts: \_\_\_\_\_ Racquetball Courts: \_\_\_\_\_ Squash Courts: \_\_\_\_\_  
Handball court rooms: \_\_\_\_\_ Playgrounds or parks: \_\_\_\_\_ Saunas: \_\_\_\_\_ Spas: \_\_\_\_\_

m. Are any of the previous recreational facilities (a. through l.) available to the public?  Yes  No

If yes, provide explanation and include receipts: \_\_\_\_\_

**7. Renovations and/or Recent Updates** (provide information on additional locations on separate page)

Type of Update	Year of Update or Renovation			
	Location #1	Location #2	Location #3	Location #4
Electric				
HVAC				
Plumbing				
Roof				
Other:				

**8. Description of Location(s)** (provide information on additional locations on separate page)

\* **Occupancy Type:** **A** = Apartment Building **F** = Dwelling / Three Family **K** = Hotel  
**B** = Garden Apartments **G** = Dwelling / Four Family **L** = Condominium  
**C** = Apartment – Hotel / Timeshare **H** = Boarding or Rooming House **M** = Townhome  
**D** = Dwelling / One Family **I** = Fraternity / Sorority House **N** = HOA  
**E** = Dwelling / Two Family **J** = Motel

\*\* **Construction type:** **F** = Frame (including corrugated metal, stucco & non-combustible) **JM** = Joisted Masonry / Brick  
**MFR/FR** = Modified Fire Resistive / Fire Resistive **MNC** = Masonry Non-Combustible

Description	Location #1	Location #2	Location #3	Location #4
Years owned by insured				
Occupancy type * (see list above)				
Construction type ** (see list above)				
Year built				
# of stories				
# of total units / buildings	/	/	/	/
# of units owned by developer				
Total square feet				
Is manager on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly rent charged (low – high)	\$ to \$	\$ to \$	\$ to \$	\$ to \$
% of units owner-occupied				
% of units vacant				
% long term (more than 30 days)				
% short term (less than 30 days)				
Who handles rentals? <b>A</b> = Association, <b>U</b> = Unit Owner	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:
Does association receive rental revenue? If yes, provide annual revenue	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
% of units rented to others				
% of units subsidized				
% of units rent-controlled				
% of student renters				
Is location a retirement and/or elderly facility? If yes, is medical assistance offered? Any emergency pull cords or buttons?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Is location an assisted living facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wiring type: <b>C</b> opper, <b>A</b> luminum, <b>P</b> igtailed	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P
Do fire walls separate buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If > 3 stories, are interior stairways equipped with self closing/locking fire doors on each floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of heating system				
If space/portable heating: is it UL electric, Kerosene, vented gas or unvented gas?				
Any wood burning stoves or fireplaces? If yes, date of last inspection/cleaning:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is location on historical register (local, county, state, national)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any carports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any fences?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Protection class:				
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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.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**NOTICE TO APPLICANTS (EXCEPT CO & NY):**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

**NOTICE TO COLORADO APPLICANTS:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO NEW YORK APPLICANTS:**

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

_____	_____	_____
Applicant Name	Applicant Signature	Date
_____	_____	_____
Producer Name	Producer Signature	Date