

HABITATIONAL SUPPLEMENT

(Please complete this form and submit with a completed ACORD Application)

Named Insured	Effective Date						
Mailing Address							
Property Locations:							
Loc#	Address		City	State Zip Code			
1			,	,			
2							
3							
4							
Description of Operations:							
	Loc #1	Loc #2	Loc #3	Loc #4			
Years Owned							
Type of Occupancy							
Year Built							
No. of Stories							
Total No. of Units							
Total Building Area (Sq ft)							
Monthly Rental Income per Loc							
Renovations & Recent Updates:							
Year & Type of Update	Loc #1	Loc #2	Loc #3	Loc #4			
Roof							
Plumbing							
Wiring & Electrical							
Heating/Air Conditioning							
Currently Renovating?							
Cost/type of renovation							
Describe what wiring work was d	one, if any:						
Describe what plumbing work wa	is done, if any:						
Any damage (insured or not) from	n leaking water? Yes	s □ No					
Have all fuses been replaced by c	ircuit breakers?	□No					
If there is aluminum wiring, have	all outlets been pigtailed an	d checked by a licensed elect	trical contractor within the	past 5 years? Yes No			
What work was done on the heating system?							
Heating system: ☐ Central ☐ Space Heaters ☐ Forced Air ☐ Hot Water ☐ Other:							
Type of fuel used for heating:							

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General Property/Neighborhood Condition:							
Condition of Property:		Good	Average	Poor			
Surrounding Area:		Improving	Stable	Declining			
Surrounding buildings in good condition/maintenance?		☐ Yes ☐ No					
Fire Safety Information:							
Are space heaters utilized or are tenants permitted to have space	e heaters?	Yes No					
Does each floor/unit have at least two means of egress?		☐ Yes ☐ No					
Are heat/smoke detectors in each unit/dwelling?		Yes No					
Are heat/smoke detectors		Hardwired	Battery				
Who is responsible for detector maintenance?	_						
How often are detectors tested?	_						
How often are batteries replaced?	<u>-</u>						
Are carbon monoxide detectors in each unit/dwelling?		Yes No					
Fire extinguishers in each unit/dwelling?		☐ Yes ☐ No					
Is property compliant with all city/state housing codes?	_						
Security:							
Are sliding glass doors equipped with additional locks?		Yes No					
Do entry doors have peepholes and keyless deadbolts?		☐ Yes ☐ No					
Are there fences and/or gates surrounding the property?		Yes No					
Are criminal checks done on prospective tenants?		☐ Yes ☐ No					
I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD							
AND AGREED THAT COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE COMPANY.							
Signature of Applicant D	Date	· · · · · · · · · · · · · · · · · · ·	Signature of A	Agent			

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