

## 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 done, if any: \_\_\_\_\_

Describe what plumbing work was done, if any: \_\_\_\_\_

Any damage (insured or not) from leaking water?  Yes  No

Have all fuses been replaced by circuit breakers?  Yes  No

If there is aluminum wiring, have all outlets been pigtailed and checked by a licensed electrical 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: \_\_\_\_\_

**General Property/Neighborhood Condition:**

Condition of Property:

Good  Average  Poor

Surrounding Area:

Improving  Stable  Declining

Surrounding buildings in good condition/maintenance?

Yes  No

Are there any pools at any location proposed for coverage?

Yes  No

Are written leases maintained with each tenant?

Yes  No

Have you had any complaints or violations made against you arising out of your landlord operations in the last three years?

Yes  No

Any student housing occupancy?

Yes  No

**Fire Safety Information:**

Are space heaters utilized or are tenants permitted to have space 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?

\_\_\_\_\_

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

Date

Signature of Agent