

HABITATIONAL SUPPLEMENTAL

(Complete in addition to Acord Application)

Applicant _____

Location of risk: _____

Protection Class _____ Years owned by the applicant _____ Sq footage of building _____

Distance to nearest Fire Station _____ Miles Distance to nearest hydrant _____ Feet

Construction: Frame Joisted Masonry Metal Other _____

Roof: Cedar/Shingle Composition Tar/Gravel/Asphalt Tile

Age of Roof: _____ Year structure originally built _____

Electrical: Circuit Breakers Fuses Breaker/Fuse Combo Knob & Tube

Age of the wiring: _____ Any Aluminum wiring? Yes No

Plumbing: Copper Galvanized Brass PVC

Renovation to property:

	Year Renovated	Partial	Complete
Plumbing	_____	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	_____	<input type="checkbox"/>	<input type="checkbox"/>
Heating	_____	<input type="checkbox"/>	<input type="checkbox"/>
Roof	_____	<input type="checkbox"/>	<input type="checkbox"/>

General Information:

Number of Stories: _____ Number of units: _____ Fire extinguishers: Yes No

Any subsidized tenants? Yes No Percent of State subsidized tenants: _____

Any Student Renters? Yes No Percent of Student tenants: _____

Percent of units owner occupied: _____ Percentage of Total occupancy: _____

Working Smoke detector in each unit: Yes No Management on site: Yes No

Percentage of Tenants that are on Month to Month: _____ Percentage with Lease: _____

Monthly rental for:

1 bedroom unit _____ 2 bedroom unit _____ 3 bedroom unit _____

Annual Rental Income: _____

Are tenants screened prior to leasing: Yes No If yes Describe: _____

Credit Check: Yes No Criminal Check: Yes No

Swimming Pool: Yes No Parking Available Yes No If yes Sq ft of lot: _____

I hereby apply for a policy of insurance as set forth in this application, and I certify that all of the information provided by me in this application is true and complete. I understand that any policy which may be issued by the Company will be issued on the basis of, and in reliance upon, my statements in this application, and that any material misrepresentation made by me may affect the payment of claims. This application is not a binder, and nothing herein contained shall be construed as an agreement to provide insurance of any kind.

Signature of Applicant

Date

Signature of Broker

Date

Name of Producer: _____