

Habitational Supplemental Application



11013 West Broad Street, Suite 300
Glen Allen, VA 23060

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer, or partner. Please read carefully the statements at the end of this application.

Section I. Applicant Information

Name of Applicant: _____

Mailing Address: _____

Address: _____

Website: _____

Contact phone number: _____

Years in business under current management: _____ Date established: _____

Business Type:

Corporation Individual Partnership Non-Profit Limited Partnership

Association Joint Venture LLC Other: _____

Area Type: Metro city Suburb Rural

Section II. Premises Information

Provide number of: Buildings: _____ Stories: _____ Total Units: _____

Type of occupancy: Apartments Condominium Association Homeowners Association

How many years has applicant owned the building? _____

Provide number of Owner occupied units _____ Rented Units _____ Unsold/Vacant Units _____

Does applicant perform background checks on employees and tenants? Yes No

Does applicant have a formal eviction policy in place? Yes No

“Yes”, please submit a copy with this completed application.

In what year was the building constructed? _____

Provide type of construction: _____

In what year were the following updates last performed:

Heated: _____ Plumbing: _____ Electrical: _____ Roofing: _____

Are there elevators in the building(s)? Yes No

If “Yes”, is there a maintenance contract in place with a license contractor? Yes No

Are there any owned parking areas? Yes No

If “Yes”, approximate square feet: _____

Are animals allowed on premises? Yes No

If “Yes”, what breed and size restrictions are in place: _____

Are there any non-habitational operations on the premises? Yes No

If "Yes":

- a) What type of occupancy? _____
- b) List the square footage of the occupancy: _____

Section III. Occupancy/Services

- Does applicant have any elderly, disabled or assisted living tenants? Yes No
If "Yes", what percentage? _____%
- Does applicant provide any meals for tenants? Yes No
- Does applicant provide transportation for residents? Yes No
- Are there pull cord and/or call buttons used to monitor residents? Yes No
- Does applicant or other provide any health services to residents? Yes No
- Does applicant provide any governmental or subsidized housing? Yes No
If "Yes", what percentage? _____%
- Does applicant have any student renters? Yes No
If "Yes", what percentage? _____%

Section IV. Maintenance

- Is management staff on site? Yes No
- Is maintenance staff on site? Yes No
- If subcontractors are required to perform any work on the premises, including snow removal, are they required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured? Yes No
- Are there any construction or renovation projects in progress or planned during the coming year? Yes No
If "Yes", please describe: _____

Section V. Life Safety

- Type of wiring: Copper Aluminum
If "Aluminum", pigtailed or CO/ALR? Pigtailed CO/ALR
- Is facility fully sprinklered? Yes No
If "No", what percentage is sprinklered? _____%
- Are there smoke alarms in each room? Yes No
If "Yes", are they: Hardwired Battery
- Does the building have a central station alarm? Yes No
If "Yes", is it connected to: Local fire department Outside monitoring service
- Is there emergency lighting in all common areas (including stairwells)? Yes No
- Are there carbon monoxide detectors in each room? Yes No
If "Yes", are they: Hardwired Battery
- Are there two means of egress from each floor? Yes No
If "No", please explain: _____

Section VI. Amenities

How many swimming pools are onsite? _____

Is pool completely fenced? Yes No

If "Yes", are there self-closing and latching gates? Yes No

Are gates locked during non-pool hours? Yes No

Are there diving boards or slides? Yes No

Are rules posted? Yes No

Are there lifeguards on duty? Yes No

Do all pools and spa drains conform to the mandated specifications and requirements of the Virginia Graeme Baker Pool and Spa Safety Act? Yes No

Which of the following recreational facilities are available to tenants?

- Tennis courts Lakes/ponds/ocean access Kid's programs/day camps
- Volleyball courts Boat rental operations Bathing beaches
- Tanning beds Boat docks/slips Bathing beaches
- Banquet hall Clubhouse Fitness center
- Playgrounds Other: _____

Describe the ground cover for playground areas as well as the age and type of equipment:

Does applicant sponsor or host any athletic events on this premise or the premises of others? Yes No

Will any special events be hosted on applicant's premises during the upcoming policy period and/or does applicant regularly hold special events at the premises? Yes No

If "Yes", will liquor be served at these events? Yes No

If "Yes", please describe: _____

Section VIII. Security

Are security guards onsite? Yes No

If "Yes", are security personnel:

a) Employed Yes No

b) Off-duty police officers Yes No

c) Subcontracted Yes No

If "Yes", are the subcontractors required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured? Yes No

d) Armed security Yes No

Provide days of the week security is on duty at applicant's location: _____

Provide hours security guard is on duty: _____

Are background investigations conducted on all employees who perform security duties?

Yes No

Fraud Warning

General Fraud Warning: 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 is guilty of a crime and may be subject to fines and confinement in prison.

Applicant Notice to Applicants in:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	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 is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	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 claimant 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.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Louisiana	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 is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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 is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	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.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	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 subjects such person to criminal and civil penalties.

Rhode Island	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 is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	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.
Virginia	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.
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.
West Virginia	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 is guilty of a crime and may be subject to fines and confinement in prison.

Representation and Warranty

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understand that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant:		
Signature of person authorized to execute on behalf of the Applicant:		Date:
Print name and title of person authorized on behalf of the Applicant:		
Agent/Broker Name:		