**HABITATIONAL LIABILITY APPLICATION**

|  |  |
| --- | --- |
| Applicant’s Name:             Mailing Address:             Location Address:               | Agency Name:       Agent No.:       Address:             E-mail:       Phone No.:        |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE.” (N/A)

**Applicant is:** [ ]  Individual [ ]  Corporation [ ]  Partnership [ ]  Joint Venture

[ ]  Limited Liability Company [ ]  Other (Specify):

**Website Address:**

**E-mail Address:**       **Phone No.:**

**Inspection Contact:**        **Phone No.:**

**E-mail Address:**

**Is applicant a Real Estate or Property Management company?** [ ]  Yes [ ]  No

**Limits of Liability and Deductible Requested:**

|  |  |
| --- | --- |
| General Aggregate (other than Products/Completed Operations) | $      |
| Products and Completed Operations Aggregate | $      |
| Personal and Advertising Injury (any one person or organization) | $      |
| Each Occurrence | $      |
| Damage to Premises Rented to You (any one premise) | $      |
| Medical Expense (any one person) | $      |
| Other Coverages, Restrictions and/or Endorsements:        | $      |
| Deductible | $      |

**1. How long has applicant been in business?**       years

**2. Property Locations:**

**Business Name (if applicable), Street Address, City, County, State and Zip Code:**

**Loc. No. 1:**

**Loc. No. 2:**

**Loc. No. 3:**

**Loc. No. 4:**

**Loc. No. 5:**

**3. Description of Locations:**

\* Use alpha code listed for type of occupancy:

|  |  |  |
| --- | --- | --- |
| A—Apartment Building | G—Time-share | M—Student Housing |
| B—Garden Apartments | H—Vacation Rentals | N—Dwelling/One Family |
| C—Apartment Hotel |  I—Senior Housing | O—Dwelling/Two Family |
| D—Hostel | J—Assisted Living/Nursing/Convalescent | P—Dwelling/Three Family |
| E—Boarding or Rooming House | K—Fraternity/Sorority (Academic) | Q—Dwelling/Four Family |
| F—Mobile Home | L—Fraternity/Sorority (Non-academic) | R—Dwelling Owner Occupied |

| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| --- | --- | --- | --- | --- | --- |
| Type of occupancy\*: |       |       |       |       |       |
| If mobile home, is it tied down? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Number of beds for Hostel, Boarding or Rooming House: |       |       |       |       |       |
| Years owned: |       |       |       |       |       |
| Year built: |       |       |       |       |       |
| No. stories: |       |       |       |       |       |
| No. units—total: |       |       |       |       |       |
| No. units per fire division: |       |       |       |       |       |
| No. buildings: |       |       |       |       |       |
| Total square feet: |       |       |       |       |       |
| Type of roof: |       |       |       |       |       |
| Manager on premises: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Fire protection: |  |  |  |  |  |
| Sprinklered: | [ ]  All units[ ]  Common area only | [ ]  All units[ ]  Common area only | [ ]  All units[ ]  Common area only | [ ]  All units[ ]  Common area only | [ ]  All units[ ]  Common area only |
| Fire extinguishers: | [ ]  All units[ ]  Common area only | [ ]  All units[ ]  Common area only | [ ]  All units[ ]  Common area only | [ ]  All units[ ]  Common area only | [ ]  All units[ ]  Common area only |
| How often checked? |       |       |       |       |       |
| Smoke detectors in each unit: | [ ]  Hardwire[ ]  Battery | [ ]  Hardwire[ ]  Battery | [ ]  Hardwire[ ]  Battery | [ ]  Hardwire[ ]  Battery | [ ]  Hardwire[ ]  Battery |
| Maintenance: |  |  |  |  |  |
| Janitorial operations: | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor |
| Lawn care operations: | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor |
| Upkeep of sidewalks/driveways: | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor |
| Snow/ice removal operations: | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor | [ ]  Employee[ ]  Contractor |
| Pool: (See Section 10.) | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If occupancy is other than habitational, please describe the occupancy and square footage: |       |       |       |       |       |
| Percent of university or college students as tenants: |      % |      % |      % |      % |      % |
| Vacant?If yes, percent of vacancy: | [ ]  Yes [ ]  No     % | [ ]  Yes [ ]  No     % | [ ]  Yes [ ]  No     % | [ ]  Yes [ ]  No     % | [ ]  Yes [ ]  No     % |
| Building(s) condemned or scheduled for demolition: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Conversion being done to or from condominiums and/or townhouses: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

**4. Subcontracted Work Exposures:**

| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| --- | --- | --- | --- | --- | --- |
| Any new ground up constructions anticipated within the next twelve (12) months? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, cost of construction: | $      | $      | $      | $      | $      |
| Renovation anticipated within the next twelve (12) months? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, cost of renovation: | $      | $      | $      | $      | $      |
| Renovation going on currently? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, type of renovation: |       |       |       |       |       |
| Cost of renovation: | $      | $      | $      | $      | $      |
| General contractor used? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Subcontractors used? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, certificate of insurance on file? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Limits required: | $      | $      | $      | $      | $      |
| The applicant named as additional Insured on their policy? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Hold harmless agreement in favor of the applicant in place? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

**5. Updates:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Year and Indicate Full or Partial Update Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Paint: | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update |
| Parking areas: | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update |
| Patio balconies/railings: | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update |
| Sidewalks: | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update |

**6. Other Exposures:**

Number of: Baseball field(s)       Lakes/Ponds (acres)       Shuffleboard court(s)

Basketball court(s)       Parks (acres)       Spa/Hot tub(s)

Bathing Beaches       Playground(s)       Stables

Bicycle trails (miles)       Racquetball court(s)       Streets/Roads (miles)

Boat docks/slips       Saunas       Tennis court(s)

Clubhouse (sq. ft.)       Shooting Ranges       Volleyball court(s)

Boat rental (paddle, canoe and rowboats) [ ]  Yes [ ]  No

If yes: Number:

Are Coast Guard approved flotation devices provided for all passengers? [ ]  Yes [ ]  No

Other:

Are any of these exposures available to nonresidents for a fee? [ ]  Yes [ ]  No

If yes, annual receipts: $

**7. Swimming Pool(s): Complete if applicable.**

| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| --- | --- | --- | --- | --- | --- |
| Number of swimming/wading pools: |       |       |       |       |       |
| Number of diving boards/platforms: |       |       |       |       |       |
| Height of diving boards/platforms: |       |       |       |       |       |
| Number of slides/rafts: |       |       |       |       |       |
| Height of slides: |       |       |       |       |       |
| Pool maintained by applicant or outside contractor? | [ ]  Applicant[ ]  Contractor | [ ]  Applicant[ ]  Contractor | [ ]  Applicant[ ]  Contractor | [ ]  Applicant[ ]  Contractor | [ ]  Applicant[ ]  Contractor |
| If outside contractor, are certificates of insurance on file? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Pool completely surrounded by building walls or fence? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Height of fence: |       |       |       |       |       |
| Equipped with self-closing and self-latching gates/doors? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Lifeguards provided? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, by applicant or pool management company? | [ ]  Applicant[ ]  Mgmt. Co. | [ ]  Applicant[ ]  Mgmt. Co. | [ ]  Applicant[ ]  Mgmt. Co. | [ ]  Applicant[ ]  Mgmt. Co. | [ ]  Applicant[ ]  Mgmt. Co. |
| If outside contractor, are certificates of insurance on file? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Depth of pool markings clearly visible? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Warning signs and rules posted? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Life-safety equipment available at poolside? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

**8. Security: (not required for dwellings)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| How does management handle the monitoring of master keys? |       |       |       |       |       |
| Are locks changed/re-keyed when residents vacate the premises? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Does management advise residents of all criminal activity that has taken place on the properties? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, how is this done? |       |       |       |       |       |
| Is this information provided to prospective renters if requested? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Is gated access provided? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, hours per day: |       |       |       |       |       |
| Is entire complex gated? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Does applicant monitor any alarms in resident units? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

**Are premises patrolled?** [ ]  Yes [ ]  No

**If yes, please answer the following questions:**

| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| --- | --- | --- | --- | --- | --- |
| Number of armed guards: |       |       |       |       |       |
| Number of unarmed guards: |       |       |       |       |       |
| Are guards employees of management or independent contractor? | [ ]  Mgmt.[ ]  Contractor | [ ]  Mgmt.[ ]  Contractor | [ ]  Mgmt.[ ]  Contractor | [ ]  Mgmt.[ ]  Contractor | [ ]  Mgmt.[ ]  Contractor |
| If independent contractor, are certificates of insurance required? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Is applicant named as additional insured on their policy? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Security twenty-four (24) hours? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Are guards responsible for residents’ safety and/or complex/amenities? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

**Do the residents’ units contain any of the following?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Call buttons: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Deadbolts: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Lock pins for windows and sliding glass doors: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Door viewer or peephole in front doors: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Window locks/bars: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

**9. Any prior losses due to mold?** [ ]  Yes [ ]  No

If yes, has mold been completely remediated? [ ]  Yes [ ]  No

**10. During the past three years, has any company ever canceled, non-renewed, declined or refused similar insurance to the applicant?** (Not applicable in Missouri) [ ]  Yes [ ]  No

|  |
| --- |
| If yes, explain:       |

**11. Does applicant have other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, explain and advise where insured:       |

**12. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, describe:       |

**13.** **Additional Insured Information:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Interest** |
|       |       |       |
|       |       |       |
|       |       |       |

**14. Prior Carrier Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year:       | Year:       | Year:       | Year:       | Year:       |
| Carrier: |       |       |       |       |       |
| Policy Number: |       |       |       |       |       |
| Coverage: |       |       |       |       |       |
| Total Premium: | $      | $      | $      | $      | $      |

**15. Loss History:**

|  |
| --- |
| Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. [ ]  **Check if no losses in the last five years** |
| **Date of Loss** | **Description of Loss** | **Amount Paid** | **Amount Reserved** | **Claim Status (Open or Closed)** |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty)

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer)

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

IOWA LICENSED AGENT (IF APPLICABLE):

(Applicable in Iowa only)

AGENT’S NAME:       AGENT’S LICENSE NUMBER:

(Applicable to Florida agents only)

|  |
| --- |
| NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION AUDIT:       |

|  |  |  |
| --- | --- | --- |
|  | **IMPORTANT NOTICE** |  |
|  |  |
| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. |