**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. | | |