



3333 New Hyde Park Road, Suite 210
855.838.7792

Habitational Application

Applicant Name:
Mailing Address:

Agent Name:
Address:

**PROPOSED EFFECTIVE DATE: From 34T
To 34T**

Applicant is: Individual Corporation Partnership Joint Venture Other (specify)

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

PROPERTY LOCATIONS:

(Location Name, Street address, City, County, State, Zip Code)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

A. DESCRIPTION OF LOCATIONS

| | Loc. #1 | Loc. #2 | Loc. #3 | Loc. #4 | Loc. #5 | Loc. #6 |
|-------------------------|---------|---------|---------|---------|---------|---------|
| Years owned | | | | | | |
| Type of occupancy* | | | | | | |
| Occupancy rate | | | | | | |
| Year built | | | | | | |
| Number of stories | | | | | | |
| Number of units - total | | | | | | |

| | | | | | | |
|--|---|---|---|---|---|---|
| Number of buildings | | | | | | |
| Total square feet | | | | | | |
| Pool? (see Section C) | | | | | | |
| Manager on premises? | | | | | | |
| If occupancy is other than habitational, please describe the occupancy | | | | | | |
| Square feet | | | | | | |
| Monthly rent per unit: | | | | | | |
| Apartments: 1 BR | | | | | | |
| 2 BR | | | | | | |
| 3 BR | | | | | | |
| Other | | | | | | |
| Dwellings: | | | | | | |
| % of units subsidized | % | % | % | % | % | % |
| % of student housing | % | % | % | % | % | % |
| % of senior housing – are there pull cords in units and /or medical services on premises <input type="checkbox"/> Yes <input type="checkbox"/> No | % | % | % | % | % | % |

* Use alpha code listed for type of occupancy: A – Apartment Building D – Dwelling/one family G – Dwelling four/family
 B – Garden apartments E – Dwelling/two family H – Boarding or rooming house
 C – Apartment hotel/timeshare F – Dwelling/three family

B. RENOVATION/MOST RECENT UPDATE

| | Loc. #1 | Loc. #2 | Loc. #3 | Loc. #4 | Loc. #5 | Loc. #6 |
|--|---------|---------|---------|---------|---------|---------|
| Roof | | | | | | |
| Plumbing | | | | | | |
| Paint | | | | | | |
| Sidewalks | | | | | | |
| Patio balconies/railings | | | | | | |
| Parking areas | | | | | | |
| Currently renovating? | | | | | | |
| Cost/type of renovation | | | | | | |
| Certificates for subcontractors on file? | | | | | | |

C. SWIMMING POOL(S)

Loc. #'s: _____ Diving boards? Yes No If yes, height:

Slides? Yes No

Underwater lighting? Yes No

Steps into shallow end with handrails? Yes No

Ladder at deep end with handrails? Yes No

1. Is the pool area completely surrounded by building walls or fence? Yes No If yes, height of fence?
2. Are gates or doors opening into the pool area equipped with self-closing and self-latching device? Yes No
3. Are the depth markings clearly shown? Yes No
4. Are warning signs and rules posted and clearly visible? Yes No Provide wording or photo.
5. Is rescue equipment, including a ring buoy and 12-foot pole or shepherds hook, available poolside? Yes No
6. Is pool maintained by applicant or outside contractor? Applicant Outside contractor
If outside contractor, are certificates of insurance on file? Yes No
7. Are lifeguards provided by applicant or by outside pool management company? Applicant Pool management company
8. Are the pool(s) in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No

D. MAINTENANCE

1. Is janitorial, lawn care, or snow removal performed by outside contractor or applicant's employee? Contractor Employee
If contractor, are certificates of insurance on file? Yes No
Is the applicant named as additional insured on their policy? Yes No
2. Who is responsible for upkeep of sidewalks and driveways?

E. FIRE PROTECTION

1. Sprinklered? Yes No All units? Yes No Common areas only? Yes No
2. Smoke detectors in each unit? Yes No Hard-wire or battery? _____ How often checked?
3. Fire extinguishers? Yes No In common areas? Yes No In each unit? Yes No
4. Number of units per fire division?

F. SECURITY

Completion of Section F, SECURITY not required for dwelling or boarding/rooming house occupancies

Is security provided? Yes No If yes, what type? Patrol Gated access Alarm systems in each unit

1. If patrol, please answer the following questions:

- a. Armed or unarmed? Armed Unarmed
- b. Are the guards employees of the management or independent contractors? Employees Independent contractors
If independent contractor, are certificates of insurance required? Yes No
Is the applicant named as additional insured on their policy? Yes No
- c. Is the security 24 hours? Yes No
- d. What are the guards responsible for? Resident's safety Complex & Amenities

2. If gated, please answer the following questions:

- a. Is the entire apartment complex gated? Yes No
- b. How is access obtained? Guard at gate Card Security code
- c. Who is given access?
- d. If the gate is card or security code access, how often is maintenance done on the gate?
What procedure is in place if the gate is not working?

3. If alarm systems are provided, please provide answers to the following questions:

- a. Are alarm systems in every unit? Yes No
- b. Are the residents shown how to operate the alarm systems? Yes No
- c. Who monitors the alarms?

4. Do the residents' doors or windows contain any of the following?

- Viewing windows in front doors
- Lock pins for windows and sliding glass doors
- Windows locks/bars
- Dead bolts

5. Master keys and locks:

- a. How does management handle the monitoring of master keys?
- b. How are locks handled upon vacancy or residents? Re-keyed Changed completely

6. Criminal Incidents

- a. Does management advise residents of all criminal activity that has taken place upon the properties?
 Yes No
How is this done?
- b. Is this information provided to prospective renters if requested? Yes No

G. OTHER RECREATIONAL EXPOSURES

Number of: Playground(s) Tennis Court(s) Racquetball court(s) Basketball court(s)
 Volleyball Court(s) Baseball field(s) Acres of lakes/ponds
 Beaches Miles of bike trails Sq. ft of clubhouse
 Spa/gym Boat slips Other (specify)

Are these available to non-residents for a fee? Yes No Annual receipts?

H. During the past three years, has any company cancelled, declined, or refused similar insurance to the applicant? (Not applicable in Missouri.) Yes No If yes, explain:

| PRIOR CARRIER INFORMATION | | | | | |
|---------------------------|-------|-------|-------|-------|-------|
| | Year: | Year: | Year: | Year: | Year: |
| Carrier | | | | | |
| Policy Number | | | | | |
| Total Premium | | | | | |

| LOSS HISTORY – FIVE YEAR PERIOD | | | | |
|---------------------------------|---------------------|-------------|-----------------|----------------------------------|
| 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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMIT A FRAUDULANT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO STATE APPLICANTS:

ALABAMA: ANY PERSON 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.

ARKANSAS, NEW MEXICO, RHODE ISLAND OR WEST VIRGINIA: ANY PERSON WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CONFINEMENT IN 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.”

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.

KANSAS: ANY PERSON WHO COMMITS A FRAUDULENT INSURANCE ACT IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES AND CONFINEMENT IN PRISON. A FRAUDULENT INSURANCE ACT MEANS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER OR INSURANCE AGENT OR BROKER, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR INSURANCE, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT UNDER AN INSURANCE POLICY, WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY MATERIAL FACT THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MARYLAND: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CONFINEMENT IN PRISON.

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.

OREGON: 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 MATERIAL FACT, MAY COMMIT A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE, VIRGINIA OR 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.

VERMONT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LIC #: _____
(Applicable to Florida Agents Only)

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

Name:

Phone:

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.