

Habitational Supplemental Questionnaire

(Complete in Addition to Accord Application)
(Apartments, Hotels, Motels, Dwellings)

Answer all questions, if they do not apply, indicate not applicable ("NA")

Applicant Name: _____

Agent Name: _____

Mailing Address: _____

Address: _____

Proposed Effective Date: From: _____

To: _____

Applicant is: Individual Corporation Partnership Joint Venture Other

Property Locations:

	Location Name	Street Address	City	County	State	Zip Code
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____

Fire Protection

- Sprinklered? Yes No All Units? Yes No Common Areas Only? Yes No
- Smoke Detectors in each unit? Yes No Hallway leading to bedroom? Yes No
- Fire Extinguishers in common areas? Yes No In each unit? Yes No
- Carbon Monoxide (CO) Detectors in each unit? Yes No Type: Hardwire or Battery
- Separation between buildings: _____

Security

- Is security provided? Yes No What type? Patrol Gated Access Alarm Systems
- If patrol, please answer the following questions:
 - Armed? Yes No
 - Days of week? _____
 - 24 hour security? Yes No
 - Independent contractor of employee? Yes No
 - If employee, what is payroll? _____
 - If gated, please answer the following questions:
 - Is the entire apartment complex fenced/gated? Yes No
 - How is access obtained? _____
 - Who is given access? _____
 - If alarm systems are provided, please provide answers to the following questions:
 - Are alarm systems in every unit? Yes No

- b. Who monitors the alarm? _____
4. Are the premises, including all parking areas, lighted? Yes No
5. Has the insured ever had an assault and battery claim? Yes No
If yes, please describe: _____
6. If new purchase, were there any assault and battery claims for previous owner? Yes No
7. Does the insured have procedures in place to provide emergency repairs on doors, locks and windows in the event of an assault and battery occurrence? Yes No

Renovations/Most Recent Update

Input year of update	Loc. #1	Loc. #2	Loc. #3	Loc. #4	Loc. #5	Loc. #6
Roof	_____	_____	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____	_____	_____
HVAC	_____	_____	_____	_____	_____	_____
Electric	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____

Description of Locations

	Loc. #1	Loc. #2	Loc. #3	Loc. #4	Loc. #5	Loc. #6
Years owned by insured?	_____	_____	_____	_____	_____	_____
* Type of Occupancy? *	_____	_____	_____	_____	_____	_____
Type of Construction	_____	_____	_____	_____	_____	_____
Year built?	_____	_____	_____	_____	_____	_____
Number of Stories?	_____	_____	_____	_____	_____	_____
Number of Total Units?	_____	_____	_____	_____	_____	_____
Number of Buildings?	_____	_____	_____	_____	_____	_____
Total Square Feet?	_____	_____	_____	_____	_____	_____
Manager on Premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Rent per unit:						
1 BR	_____	_____	_____	_____	_____	_____
2 BR	_____	_____	_____	_____	_____	_____
3 BR	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____
Dwellings	_____	_____	_____	_____	_____	_____
% of units occupied?	_____	_____	_____	_____	_____	_____
% of buildings owner occupied?	_____	_____	_____	_____	_____	_____
% of units rented to others?	_____	_____	_____	_____	_____	_____
% of units subsidized?	_____	_____	_____	_____	_____	_____

% student renters?	_____	_____	_____	_____	_____	_____
Wiring	<input type="checkbox"/> Copper <input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper <input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper <input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper <input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper <input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper <input type="checkbox"/> Aluminum
If Aluminum – Single or Multi-Strand	<input type="checkbox"/> Single <input type="checkbox"/> Multi.	<input type="checkbox"/> Single <input type="checkbox"/> Multi.	<input type="checkbox"/> Single <input type="checkbox"/> Multi.	<input type="checkbox"/> Single <input type="checkbox"/> Multi.	<input type="checkbox"/> Single <input type="checkbox"/> Multi.	<input type="checkbox"/> Single <input type="checkbox"/> Multi.
Fire walls separating buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any wood shake shingle roofs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage owner occupied?	_____	_____	_____	_____	_____	_____
Type of Heating system?	_____	_____	_____	_____	_____	_____
If space or portable heating – Is it UL electric, Kerosene, Vented gas, or un-vented gas	_____	_____	_____	_____	_____	_____
Any wood burning stoves or fireplaces?	_____	_____	_____	_____	_____	_____
If yes, last time inspected/cleaned?	_____	_____	_____	_____	_____	_____
Is this on a Historical Register (Local, County, State or National)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any car ports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Fences?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection Class?	_____	_____	_____	_____	_____	_____
Is building a retirement/elder facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, any medical assistance offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, any emergency pull cords?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is building an assisted living facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If greater than 3 stories, are interior stairways equipped with self closing/locking fire doors on each floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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
J – Motel

B - Garden Apartments
E – Dwelling/Two Family
H – Boarding or rooming house
K – Hotel

C – Apartment-Hotel or Time Share
F – Dwelling/Three family
I – Fraternity or Sorority house
L - Condominium

General Information

- If there have been any water damage claims within the past 3 years, has the insured taken protective safeguards to ensure this does not happen again? Yes No If Yes, please explain: _____
- Have you received any claims for wrongful eviction in the past 5 years? Yes No If Yes, please provide details: _____
How may of these claims were paid? _____
- Are any of your properties subject to rent control laws? Yes No
- Have there ever been any assault & battery incidents/claims on this property? Yes No If yes, please describe: _____

5. If this is a new purchase have you inquired from the previous owner if there have ever been any assault & battery incidents/claims on this property? Yes No If Yes, please explain: _____

6. What procedures are in place for repairs/replacement of broken windows, patio doors, door locks, etc.?

7. Is there a full time maintenance staff of premises or is the work subcontracted out? _____
8. What is the timeframe for these types of repairs mentioned in 6. above? _____

Swimming Pools

- Loc. #'s: _____ Diving Boards? Yes No If yes, height? _____
- Sides? Yes No Underwater Lighting? Yes No
- Steps in the shallow ends with handrails? Yes No
1. Is the pool area complete surrounded by building walls or fence? Yes No If yes, height? _____
 2. Are gates or doors opening into the pool area equipped with self-closing and self-latching device? Yes No
 3. Are the depth markers clearly shown? Yes No
 4. Are warning signs and rules posted and clearly visible? Yes No
 5. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook available at poolside? Yes No
 6. Is the pool maintained by applicant or outside contractor? Applicant Outside contractor
 7. Are lifeguards provided by applicant or outside pool management company? Applicant Pool Management company

Other Recreational Exposures

- Number of: Playgrounds? _____ Tennis Courts? _____ Racquetball Courts? _____
- Basketball Courts? _____ Volleyball Courts? _____ Baseball Fields? _____
- Acres of lakes/ponds? _____ Boat Slips? _____ Other? _____

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.

The applicant, Agent, and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or mistated

Fraud Warning

ANY PERSON WHO KNOWINGLY AND WITH INTENT OF DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLCATION FOR INSURNACE OR STATEMNT OF CLAIM CONTAINING ANY MATERAILLY 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.

Applicant: _____

Producer: _____

Signature: _____

Signature: _____

Date: _____

Date: _____