

Habitational Risks Supplemental Questionnaire
(To be submitted with ACORD Applications)

Applicant Information

Named Insured: _____

Mailing Address: _____

Website Address: _____

Building / Facility Information

1. Rental Information

Average Rent 1BR: \$ _____ Annual Rental Income 1BR: \$ _____

Average Rent 2BR: \$ _____ Annual Rental Income 2BR: \$ _____

Average Rent 3BR: \$ _____ Annual Rental Income 3BR: \$ _____

2. Number of Years Owned by Applicant? _____

3. Are there any commercial occupancies in the building? ☐ Yes ☐ No

4. Any time-share operations? ☐ Yes ☐ No

If yes, what percentage: _____ %

5. Total Number of Units: _____

6. Percentage of apartments occupied: _____ %

If occupancy is less than 90%, please attach explanation ☐ Attached

7. Percentage occupied by halfway houses or mental or drug rehabs: _____ %

8. What percentage of student renters: _____ %

9. What percentage of senior renters: _____ %

10. Number of subsidized units: _____

11. Is this an all-adult complex? ☐ Yes ☐ No

12. Percentage of handicapped housing: _____ %

13. Percentage of the building that is vacant or unoccupied: _____ %

14. Does the building have an elevator(s)? ☐ Yes ☐ No

If yes, is a contract in place with a licensed elevator company for servicing and repairs? ☐ Yes ☐ No

Frequency of service: _____ per Year

15. Type of parking facilities provided: ☐ Lots ☐ Garages

What type of security is provided for parking facilities: ☐ lights ☐ video cameras ☐ guards

16. Square footage of parking lot/garage,: _____ Square Feet

Is access allowed by the public Is a fee charged?

If yes, annual receipts from charges: \$ _____

17. If parking facilities are not owned by the insured, are certificates of insurance obtained
from the property owner?

☐ Yes ☐ No

Construction

1. Roof: Construction type & age:

2. Wiring type: ☐ Copper Age: _____ ☐ Aluminum Age _____ ☐ Other: _____ Age _____

If Aluminum, are all receptacles and switches fixed using the CopAlum crimp method? ☐ Yes ☐ No

Fire Safety

1. Is emergency lighting installed in all stairwells? ☐ Yes ☐ No

2. Is building sprinklered? ☐ Yes ☐ No

What percentage of the building's areas is sprinklered: _____ %

3. If over three (3) stories, are interior stairways enclosed and equipped with self-closing
fire doors on each floor? ☐ Yes ☐ No

4. If over three stories, are there fire doors with panic hardware? ☐ Yes ☐ No

5. Are there at least two means of egress from the building(s)? ☐ Yes ☐ No

6. Is any balcony cooking permitted? ☐ Yes ☐ No

7. Are smoke/heat detectors installed in all apartments? ☐ Yes ☐ No

In common areas? ☐ Yes ☐ No

In stairwells? ☐ Yes ☐ No

In hallways leading to bedroom? ☐ Yes ☐ No

In kitchen areas? ☐ Yes ☐ No

8. Type of detectors install: ☐ Hardwired ☐ Battery

9. Are detectors equipped for:

Smoke: ☐ Yes ☐ No

Fire: ☐ Yes ☐ No

Carbon Monoxide: ☐ Yes ☐ No

Type of alarm: ☐ Central Station ☐ Local

Management / Maintenance

1. Is Management on site? ☐ Yes ☐ No
2. Is there a superintendent resident in each location? ☐ Yes ☐ No
3. Is Maintenance on site? ☐ Yes ☐ No
4. Please provide all procedures for responding to tenant complaints: ☐ Attached
5. Painting: ☐ Tenants paint the units ☐ Insured(s) paint the units
6. Does the building have a property maintenance & inspection program? ☐ Yes ☐ No
7. Any periodic check of stairs, balconies, Etc.: ☐ Yes ☐ No
How often: _____ per Year
8. Please describe all procedures including inspections, made of each unit that are followed when a tenant vacates a unit.: ☐ Attached
9. Are units provided with individual heating plants? ☐ Yes ☐ No
If yes, what heat source is used:
☐ Electric
☐ Gas
☐ Oil
☐ Other
10. Are gas-fired systems checked for proper combustion and exhaust on an annual basis? ☐ Yes ☐ No
How often is maintenance performed:
☐ Annually
☐ Seasonally
☐ As Need

Contractors

1. In what capacity does the applicant use subcontractors:
☐ Maintenance ☐ Security ☐ Management ☐ Other: _____
2. Does the owner maintain a file of all current certificates of insurance and hold harmless agreements for all contractors? ☐ Yes ☐ No
If yes, are certificates of insurance maintained showing contractor has limits equal to or greater than the Named Insured? ☐ Yes ☐ No
3. Is the Named Insured an additional insured on the contractor's primary liability policy?: ☐ Yes ☐ No
4. Does the insured assume liability for others via any contract or agreement (please include Service and maintenance contracts for work performed on behalf of the insured)? ☐ Yes ☐ No
If yes, please describe: _____

Other Exposures

1. Recreational Facilities ☐ Yes ☐ No

a. ☐ Exercise equipment ☐ Sauna ☐ Health Club

b. ☐ Lakes* ☐ Ponds* ☐ Day Care

*Provide lake and pond size in acres and depth: _____ Acres / _____ Ft.

c. ☐ Marinas ☐ Other: _____

2. Tennis Courts? ☐ Yes ☐ No

How Tennis Courts: _____

3. Playground / Park facilities? ☐ Yes ☐ No

Is the park or playground used by the public, not just tenants of the building ☐ Yes ☐ No

If Yes, how is it secured: _____

If Yes, what type of equipment provided: _____

Type of surface (i.e. Asphalt, Grass, Sand): _____

4. Number of pools: In ground: _____ Above ground: _____

Depth clearly marked? ☐ Yes ☐ No Slide(s)? ☐ Yes ☐ No

Rules posted? ☐ Yes ☐ No Underwater lighting? ☐ Yes ☐ No

Diving boards? ☐ Yes ☐ No Life Guards? ☐ Yes ☐ No

Diving platforms? ☐ Yes ☐ No Are pools surrounded by at least
4' fence with self-locking gate? ☐ Yes ☐ No

Lifesaving Equipment (I.E. Life Ring, Shepherds Hook) In Pool Area? ☐ Yes ☐ No

Are any overhangs or buildings less than 10 feet from the pool edge? ☐ Yes ☐ No

Security

1. If building was built prior to 1978, are window guards in place above the third floor? ☐ Yes ☐ No

2. Are tenants screened prior to leasing? ☐ Yes ☐ No

3. If yes, what checks are performed: ☐ Credit Check ☐ Criminal Checks ☐ References

4. Are employees screened? ☐ Yes ☐ No

5. If yes, what checks are performed: ☐ Credit Check ☐ References: ☐ Prior Jobs ☐ Credit Checks
☐ Criminal Checks

6. Are unit entry doors equipped with deadbolts? ☐ Yes ☐ No

7. Does the lease/rental agreement make any warranties with regard to security? ☐ Yes ☐ No

8. Are there any regular news bulletins distributed by the applicant to tenants? ☐ Yes ☐ No

9. Are tenants informed of crime and vandalism activity? ☐ Yes ☐ No

10. Crime and vandalism in neighborhood: ☐ High ☐ Medium ☐ Low

11. Are security services used? ☐ Yes ☐ No

12. Are security services armed? ☐ Yes ☐ No

13. If yes, are they: ☐ Employees ☐ Subcontracted
14. If contracted, are certificates of insurance maintained? ☐ Yes ☐ No
15. Are certificates of insurance maintained showing contractor has limits equal to or greater than the Named Insured? ☐ Yes ☐ No
16. If contracted, is the Named Insured an additional insured on the contractor's primary liability policy? ☐ Yes ☐ No
17. Is this a controlled access property (with gates, guardhouse, etc.): ☐ Yes ☐ No
18. Is the facility fenced: ☐ Yes ☐ No

PRODUCER'S SIGNATURE

DATE:

APPLICANT'S SIGNATURE

DATE:

APPLICABLE IN THE STATE OF 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.

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.