



## HABITATIONAL SUPPLEMENTAL QUESTIONNAIRE

APPLICANT			
1. Named Insured			
2. Name of Property/Complex			
3. Physical Address of Property			
4. When did the insured obtain ownership of the property?			
5. What is the total number of apartment units?			
OCCUPANCY INFORMATION			
6. Type of Occupancy			
Apartment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Condominium Association	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, % owner occupied:	%
Homeowner's Association	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, % owner occupied:	%
Other			
If Other, please describe:			
7. Unit Breakdown Are there any:			
HUD/Subsidized Units?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of units:	
Senior Housing Units?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of units:	
Assisted Living Units?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of units:	
Student Housing Units?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of units:	
8. What is the highest unit monthly rental rate?			\$
9. What is the lowest unit monthly rental rate?			\$
10. What is the average occupancy rate over the past 12 months?			%
11. Are animals permitted?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list type:			
12. Have there been any evictions in the past 3 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide number of evictions and details:			

BUILDING INFORMATION							
13. Number of buildings:							
14. What is the year of construction?							
15. What is the type of construction?							
16. In what year were the most recent updates performed:							
Roofing		Plumbing		Electrical		HVAC	
17. How many stories is the building?							
18. Do the buildings have balconies?							<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Does the building have the following:							
Sprinkler system							<input type="checkbox"/> Yes <input type="checkbox"/> No
Central station fire alarm							<input type="checkbox"/> Yes <input type="checkbox"/> No
Hardwired smoke detectors in all units							<input type="checkbox"/> Yes <input type="checkbox"/> No
Battery operated smoke detectors in all units							<input type="checkbox"/> Yes <input type="checkbox"/> No
Carbon Monoxide detectors in all units							<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Does the building have aluminum wiring?							<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has retrofitting been done by a licensed electrician?							<input type="checkbox"/> Yes <input type="checkbox"/> No
What corrective method was used?							
21. Does the building have any Zinsco or FPE Stab Lok electrical panels?							<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Do all buildings/floors have clearly marked fire exits?							<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is emergency lighting provided in all common areas?							<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Is there a secondary means of egress on each floor?							<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Do all resident doors/windows contain:				<input type="checkbox"/> Deadbolts <input type="checkbox"/> Locks for windows/sliding glass doors <input type="checkbox"/> Door viewer or peephole on front door			
RECREATIONAL FACILITIES AND OTHER SERVICES							
26. Are there any swimming pools or hot tubs on site?							<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many pools?				Hot tubs?			
Are pools/hot tubs completely fenced in?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there self-closing and latching gates?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any diving boards or slides?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there depth markings on the pool?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Is pool compliant with all VGB laws?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any lifeguards on duty?							<input type="checkbox"/> Yes <input type="checkbox"/> No

27. Are there any club houses?			
28. Are there any playgrounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	
29. Are there any lakes, ponds, or other water features?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	
30. Are there any recreational facilities (fields, courts, hiking trails, boat docks, stables, etc.)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:			
31. Are there any other services offered to residents, including but not limited to: Pull cords/panic buttons, daycare or after school programs, transportation services, etc.?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:			
<b>SECURITY</b>			
32. Are there security guards onsite?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are security guards:	<input type="checkbox"/> Employed by the insured <input type="checkbox"/> Off duty police officers <input type="checkbox"/> Subcontractors		
Are the security guards:	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed		
If Subcontractors:			
Are Certificates of Insurance obtained from the subcontractor showing at least \$1M in General Liability insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the insured named as an Additional Insured on the subcontractors' General Liability policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MAINTENANCE</b>			
33. Is snow removal required at this location?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is snow removal done by:	<input type="checkbox"/> Employees <input type="checkbox"/> Subcontractors		
Are record logs kept on all snow removal and maintenance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If subcontractors are utilized to perform any work on the premises, including snow removal, maintenance, landscaping, or any other services:			
Is there a written contract in place with the subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Certificates of Insurance obtained from the subcontractors showing at least \$1M in General Liability insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the insured named as an Additional Insured on the subcontractors' General Liability policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>COMMERCIAL/RETAIL EXPOSURE</b>			
34. Is there any commercial or retail exposure?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the square footage?		sf.	Who are the tenants?
<b>ADDITIONAL CONTACT INFORMATION</b>			
35. Audit Contact Name			
36. Audit Contact Address			
37. Audit Contact Phone #		38. Audit Contact E-mail	
39. Inspection Contact Name			
40. Inspection Contact Phone #		41. Inspection Contact E-Mail	

## FRAUD NOTICE

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, AR, CA, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA for Commercial Auto Applicants, RI, TN, VA, WA or WV – see Additional Fraud Notices for these jurisdictions below).

## ADDITIONAL FRAUD NOTICES

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** 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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS (Does not apply to Commercial Auto Applicants):** 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.

**NOTICE TO NEW YORK APPLICANTS (Commercial Auto Applicants Only):** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS: 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.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**NOTICE TO PENNSYLVANIA APPLICANTS (Commercial Auto Applicants Only):** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

**NOTICE TO TENNESSEE APPLICANTS (Does not apply to Workers Compensation Applicants), VIRGINIA AND WASHINGTON APPLICANTS:** 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.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy:

- 1) the applicant, if located in any state or jurisdiction other than Maine, must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued.
- 2) the applicant, if located in the state of Maine, must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify any quotation or binder that may have been issued. Further the insurer reserves the right to modify, cancel or deny coverage for fraud or material misrepresentation in accordance with 24-A M.R.S. § 2908.

The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Applicant Signature\*

\_\_\_\_\_  
Date

\* **ELECTRONIC SIGNATURE AND ACCEPTANCE** ☐

**PRODUCER INFORMATION:**

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Producer Signature\*

\* **ELECTRONIC SIGNATURE AND ACCEPTANCE** ☐

\* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.