



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

Applicant Information

Named Insured:	
Mailing Address:	
Website Address:	

Building / Facility Information

1. Rental Information			
a. Average Rent 1BR:	\$	Annual Rental Income 1BR	\$
b. Average Rent 2BR:	\$	Annual Rental Income 2BR	\$
c. Average Rent 3BR:	\$	Annual Rental Income 3BR	\$
2. Number of Years Owned by Applicant?			
3. Are there any commercial occupancies in the building?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Any time-share operations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, what percentage:			%
5. Total Number of Units:			
6. Percentage of apartments occupied:			%
a. If occupancy is less than 90%, please attach explanation			<input type="checkbox"/> 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Percentage of handicapped housing:			%
13. Percentage of the building that is vacant or unoccupied:			%
14. Does the building have an elevator(s)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, is a contract in place with a licensed elevator company for servicing and repairs?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Frequency of service:			per Year
15. Type of parking facilities provided:	Lots		Garages
a. What type of security is provided for parking facilities:			
<input type="checkbox"/> lights <input type="checkbox"/> video cameras <input type="checkbox"/> guards			
16. Square footage of parking lot/garage, if access allowed by the public:			S.F.
a. Is a fee charged?			<input type="checkbox"/> Yes <input type="checkbox"/> No
i) 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Construction

1. Roof: Construction type & Age			
2. Wiring type:	<input type="checkbox"/> Copper Age	<input type="checkbox"/> Aluminum Age	<input type="checkbox"/> Other: Age
a. If Aluminum, are all receptacles and switches fixed using the CopAlum crimp method?			<input type="checkbox"/> Yes <input type="checkbox"/> No



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Fire Safety

1. Is emergency lighting installed in all stairwells?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is building sprinklered?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If over three stories, are there fire doors with panic hardware?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there at least two means of egress from the building(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is any balcony cooking permitted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are smoke/heat detectors installed in all apartments?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In common areas?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In stairwells?		<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In hallways leading to bedroom?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d. In kitchen areas?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Type of detectors installed:	<input type="checkbox"/> Hardwired	<input type="checkbox"/> Battery
9. Are detectors equipped for:	Smoke Fire Carbon Monoxide	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
a. Type of alarm:	<input type="checkbox"/> Central Station	<input type="checkbox"/> Local

Management / Maintenance

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



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Contractors

1. In what capacity does the applicant use subcontractors:			
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Security	<input type="checkbox"/> Management	<input type="checkbox"/> Other:
2. Does the owner maintain a file of all current certificates of insurance and hold harmless agreements for all contractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, are certificates of insurance maintained showing contractor has limits equal to or greater than the Named Insured?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the Named Insured an additional insured on the contractor's primary liability policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. 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)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, please describe:			

Other Exposures

1. Recreational Facilities			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. <input type="checkbox"/> Exercise equipment	b. <input type="checkbox"/> Saunas	c. <input type="checkbox"/> Health Club	
d. <input type="checkbox"/> Lakes*	e. <input type="checkbox"/> Ponds*	f. <input type="checkbox"/> Day Care	
*Provide size in acres and depth:		Acres / Ft.	
g. <input type="checkbox"/> Marinas	h. <input type="checkbox"/> Other: _____		
2. Tennis Courts?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. How Many:			
3. Playground / Park facilities?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Is the park or playground used by the public, not just tenants of the building			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If Yes, how is it secured:			
c. If Yes, what type of equipment provided:			
d. Type of surface (i.e. Asphalt, Grass, Sand):			
4. Number of pools:	In ground:	Above ground:	
a. Depth clearly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Slide(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Rules posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	d. Underwater lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Diving boards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Life Guards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Diving platforms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	h. Are pools surrounded by at least 4' fence with self-locking gate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Lifesaving Equipment (I.E. Life Ring, Shepherds Hook) In Pool Area?			<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Are any overhangs or buildings less than 10 feet from the pool edge?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Security

1. If building was built prior to 1978, are window guards in place above the third floor?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are tenants screened prior to leasing?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, what checks are performed:		<input type="checkbox"/> Credit Check	
<input type="checkbox"/> Criminal Checks		<input type="checkbox"/> References	
3. Are employees screened?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, what checks are performed:		<input type="checkbox"/> Credit Check	
<input type="checkbox"/> References		<input type="checkbox"/> Prior Jobs	
<input type="checkbox"/> Credit Checks		<input type="checkbox"/> Criminal Checks	
4. Are unit entry doors equipped with deadbolts?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the lease/rental agreement make any warranties with regard to security?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there any regular news bulletins distributed by the applicant to tenants?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Are tenants informed of crime and vandalism activity?			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Crime and vandalism in neighborhood:		<input type="checkbox"/> High	<input type="checkbox"/> Medium <input type="checkbox"/> Low



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8. Are security services used?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are security services armed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, are they:	<input type="checkbox"/> Employees	<input type="checkbox"/> Subcontracted
i) If contracted, are certificates of insurance maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii) Are certificates of insurance maintained showing contractor has limits equal to or greater than the Named Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iii) If contracted, is the Named Insured an additional insured on the contractor's primary liability policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Is this a controlled access property (with gates, guardhouse, etc.):		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Is the facility fenced:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

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