



**Habitational Supplemental Questionnaire  
(Apartments, Hotels, Motels, Dwellings)  
(Complete in Addition to Acord Application)**

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)

Applicant's Name: \_\_\_\_\_ Agent's Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Address: \_\_\_\_\_

Proposed Effective Date:

From: \_\_\_\_\_ To \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other \_\_\_\_\_

**Property Locations:**

Please list Name, Street Address, City, County, State, Zip Code

Location 1: Historical Register? Y or N

\_\_\_\_\_  
\_\_\_\_\_

Location 2: Historical Register? Y or N

\_\_\_\_\_  
\_\_\_\_\_

Location 3: Historical Register? Y or N

\_\_\_\_\_  
\_\_\_\_\_

Location 4: Historical Register? Y or N

\_\_\_\_\_  
\_\_\_\_\_

Location 5: Historical Register? Y or N

\_\_\_\_\_  
\_\_\_\_\_

Location 6: Historical Register? Y or N

\_\_\_\_\_  
\_\_\_\_\_

**A. FIRE PROTECTION**

- 1. Sprinklered? \_\_\_\_\_ All Units? \_\_\_\_\_ Common Areas Only? \_\_\_\_\_
- 2. Smoke Detectors in each unit? \_\_\_\_\_ Hard Wired or Battery? \_\_\_\_\_  
Hallway leading to bedroom? \_\_\_\_\_
- 3. Fire Extinguishers in common areas? \_\_\_\_\_ In each unit? \_\_\_\_\_
- 4. Carbon Monoxide (CO) Detectors in each unit? \_\_\_\_\_ Hard Wired or Battery? \_\_\_\_\_
- 5. Separation between buildings? \_\_\_\_\_

**B. SECURITY**

Is Security Provided? \_\_\_\_\_ What Type? (Patrol, Gated, Access, Alarm Systems) \_\_\_\_\_

- 1. If Patrol, please answer the following questions:
  - a. Armed or unarmed? \_\_\_\_\_
  - b. Days of week? \_\_\_\_\_
  - c. 24 hour security? \_\_\_\_\_
  - d. Independent contractor or employee? \_\_\_\_\_
  - e. If employee - what is payroll? \_\_\_\_\_
- 2. If gated, please answer the following questions:
  - a. Is the entire apartment complex fenced/gated? \_\_\_\_\_
  - b. How is access obtained? \_\_\_\_\_
  - c. Who is given access? \_\_\_\_\_
- 3. If alarm systems are provided, please provide answers to the following questions:
  - a. Are alarm systems in every unit? \_\_\_\_\_
  - b. Who monitors the alarms? \_\_\_\_\_
- 4. Is 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

**C. RENOVATIONS / MOST RECENT UPDATE**

| Year and Type of Update | Loc # 1 | Loc # 2 | Loc # 3 | Loc # 4 | Loc # 5 | Loc # 6 |
|-------------------------|---------|---------|---------|---------|---------|---------|
| Roof                    |         |         |         |         |         |         |
| Plumbing                |         |         |         |         |         |         |
| HVAC                    |         |         |         |         |         |         |
| Electric                |         |         |         |         |         |         |
| Other                   |         |         |         |         |         |         |

**D. 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?  |         |         |         |         |         |         |
| Monthly rent per unit:   |         |         |         |         |         |         |
| - Apartments: 1 BR   |         |         |         |         |         |         |
| - 2 BR   |         |         |         |         |         |         |
| - 3 BR   |         |         |         |         |         |         |
| - Other  |         |         |         |         |         |         |
| Dwellings:   |         |         |         |         |         |         |
| % of units occupied?   |         |         |         |         |         |         |
| % of building owner occupied   |         |         |         |         |         |         |
| % of units rented to others  |         |         |         |         |         |         |
| % of units subsidized  |         |         |         |         |         |         |
| % student renters  |         |         |         |         |         |         |
| Wiring – Copper (or) Aluminum?   |         |         |         |         |         |         |
| If Aluminum – Single or Multi-Strand?  |         |         |         |         |         |         |
| Fire walls separating buildings?   |         |         |         |         |         |         |
| Any wood shake shingle roofs?  |         |         |         |         |         |         |
| 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?  |         |         |         |         |         |         |
| Any car ports?   |         |         |         |         |         |         |
| Any fences?  |         |         |         |         |         |         |
| Protection class   |         |         |         |         |         |         |
| Is bldg. a retirement/elderly facility? Yes/No   |         |         |         |         |         |         |
| - If Yes Any medical assistance offered?   |         |         |         |         |         |         |
| - If Yes Any emergency pull cords?   |         |         |         |         |         |         |
| Is bldg. an assisted living facility? Yes/No   |         |         |         |         |         |         |
| If > 3 stories are interior stairways equipped with self-closing/locking fire doors on each floor? |         |         |         |         |         |         |

\* Use alpha code listed for Type of Occupancy:

- A – Apartment Bldg.
- B – Garden Apts.
- C – Apartment-hotel or Time Share
- D – Dwelling / One Family
- E – Dwelling / Two Family
- L – Condominium

- F - Dwelling / Three Family
- G – Dwelling / Four Family
- H – Boarding or rooming house
- I – Fraternity or Sorority house
- J – Motel
- K – Hotel

**E. GENERAL INFORMATION**

1. 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? \_\_\_\_\_ If yes, please describe:

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2. Have you received any claims for wrongful eviction in the past 5 years? If yes, please provide details:

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\_\_\_\_\_ How many of these claims were paid? \_\_\_\_\_

3. Are any of your properties subject to rent control laws? \_\_\_\_\_

4. Have there ever been any assault & battery incidents/claims on this property? \_\_\_\_\_  
If yes, please describe:

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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? \_\_\_\_\_ If Yes, please explain:

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

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7. Is there a full time maintenance staff on premises or is the work subcontracted out?

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8. What is the timeframe for these types of repairs mentioned in number 6 above?

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**F. SWIMMING POOLS**

Loc #'s \_\_\_\_\_ Diving Boards:  Yes  No If yes, height: \_\_\_\_\_

Slides:  Yes  No Underwater Lighting:  Yes  No

Steps into shallow end with handrails:  Yes  No

1. Is the pool area completely surrounded by building walls or fence?  Yes  No  
If yes, height: \_\_\_\_\_
2. Are gates or doors opening into the pool area equipped with a 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
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

**G. 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 misstated.

**FRAUD WORDING:**

**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.**

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)