

HABITATIONAL SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD Application)

Please answer all questions. If a question does not apply, indicate 'not applicable'.

Agency Name: _____ Agency Number: _____

Agency Address: _____

Proposed Policy Period: From: _____ To: _____

Applicant's Name: _____ Date: _____

Mailing Address: _____

(No., Street, County, State, Zip Code)

Description of Operations: _____

Individual Corporation Partnership Joint Venture Other _____

Limits of Liability Requested

General Aggregate \$ _____

Products & Completed Operations Aggregate \$ _____

Personal & Advertising Injury \$ _____

Each Occurrence \$ _____

Damage to Premises Rented to you \$ _____

Medical Expense (any one person) \$ _____

Deductible \$ _____

Property Coverages/Limits Requested

Building: \$ _____

Contents: \$ _____

Business Income: \$ _____

Other: \$ _____

Equipment Breakdown:

Deductible \$ _____

Coinsurance % _____

Other Coverages, Restrictions, and/or Endorsements: _____

PROPERTY LOCATIONS:

Location Name, Street Address, City, County, State, Zip Code (attach a separate sheet if additional space is needed)

1. _____

2. _____

3. _____

Name and Phone Number of Individual to Contact for Inspection/Audit: _____

A. DESCRIPTION OF LOCATIONS

| | Loc. #1 | Loc. #2 | Loc. #3 |
|------------------------------|----------------|----------------|----------------|
| Year Built | | | |
| Number of Stories | | | |
| Number of Units | | | |
| Number of Buildings/Sq. ft. | | | |
| Heating/HVAC Type | | | |
| Any Lead Paint (delead?) | | | |
| Stairwells Open or Enclosed? | | | |
| Number of Exits | | | |
| Emergency lighting? | | | |
| Fire door or panic hardware? | | | |
| Manager on premises? | | | |
| Monthly Rent per Unit: | | | |
| % of Units subsidized | | | |

B. RENOVATION/MOST RECENT UPDATE (provide Year & Type of Update)

| | Loc #1 | Loc #2 | Loc #3 |
|-----------------------------|---------------|---------------|---------------|
| Roof | | | |
| Plumbing | | | |
| Electrical (type of wiring) | | | |
| Currently Renovating? Cost? | | | |

C. SWIMMING POOL(S)

Location Numbers: _____

1. Does the pool(s) have:
 - a. Diving Boards? Yes No
If 'Yes', height: _____
 - b. Slides? Yes No
 - c. Steps into shallow end with handrails? Yes No
 - d. Ladder at deep end with handrails? Yes No
2. Is the pool area completely surrounded by building walls or fence? Yes No
If 'Yes', height of fence: _____
3. Are gates or doors opening into the pool area equipped with a self-latching device? Yes No
4. Are the depth markings clearly shown? Yes No
5. Lifeguards? Yes No
6. Are warning signs and rules posted and clearly visible? (Provide wording or photo.) Yes No
7. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook, poolside? Yes No
8. Who maintains the pool? Applicant Outside Contractor
If Outside Contractor, are certificates of insurance on file? Yes No

D. MAINTENANCE

Who is responsible for or performs the work? Applicant's Employee Outside Contractor
 If Outside Contractor, confirm certificates of Insurance are on file.

E. FIRE PROTECTION

1. Sprinklered? Yes No
 If 'Yes', give percentage and where located: _____% All Units Common Areas only
2. Smoke detectors in each unit? Yes No
 - a. Hard-wire or battery? _____
 - b. How often checked? _____
3. Fire Extinguishers? All Units Common Areas None Date Last Serviced: _____

F. OTHER RECREATIONAL EXPOSURES

Number of: Playground(s) _____ Tennis Court(s) _____ Racquetball Court(s) _____
 Basketball Court(s) _____ Volleyball Court(s) _____ Baseball Field(s) _____
 Acres of Lakes/Ponds _____ Beaches _____ Miles of Bike Trails _____
 Sq. Ft. of Clubhouse _____ Spa/Gym(s) _____ Boat Slip(s) _____
 Are these available to nonresidents for a fee? Yes No Annual Receipts: \$ _____

G. HISTORY

1. During the past three years, has any company canceled, declined or refused similar insurance to the Applicant? (N/A in Missouri) Yes No If 'Yes', explain: _____

2. Prior Carrier Information for the Previous Five Years:

| | Year: | Year: | Year: | Year: |
|------------------------|-------|-------|-------|-------|
| Carrier Name/Policy #: | | | | |
| Premium/Policy Term: | | | | |

3. Loss History for the Previous Five Years:

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open/Closed) |
|--------------|---------------------|-------------|-----------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |

This questionnaire 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.

 Applicant's Signature

 Date

 Agent's Signature

 Date