

Habitational Supplement to ACORD Applications

Account Information

Named Insured _____
 Location _____
 Managing Agent _____

Risk Information

of Bldgs _____ Occupancy Rental Coop Condo Cond-op
 # of Units _____ Occupancy % _____ Short Term Rentals Yes No
 Construction Type _____ # of Stories _____ Original Year Constructed _____
 Is There any Exterior EIFS Cladding Yes No
 Sponsor/Developer (if new construction) _____
 Date to be Completed _____ # of Units Sold _____ TCO Expected _____
 If Gut Renovated: Date and Developer _____

Additional Building Information

Plumbing Type _____ Year Updated _____ Water Shutoffs Available Yes No
 Plumbing Insulated between Walls and Unheated Areas Yes No
 Formal Winterization Program in Place Yes No
 If Yes, Provide Specifics _____

Heating Type _____ Year Updated _____
 Date Last Serviced _____ Serviced By _____

Air Conditioning Type _____ Year Updated _____
 Date Last Serviced _____ Serviced By _____

Electrical Fuses Circuit Breakers Both If Both What _____

Are There Any Federal Pacific Electric Stab-Lok Panels in the Building Yes No

Year Updated _____ Is Aluminum Wiring Present? Yes No

If Aluminum Wiring or Stab-Lok panels present; describe remediation _____

Roof Type _____ Year Updated _____

Building Sprinklered Yes No If Yes % of Building Sprinklered _____

Sprinkler Type: Wet Pipe Dry Pipe

Indicate Unsprinklered Areas _____

Sprinklers Insulated between Walls and Attic Areas Yes No

Are any Sprinklers Located on Outer Building Walls Yes No

If Sprinklers not Insulated has Antifreeze Solution been Added Yes No

Floor over Basement Fire Resistive Yes No Stairwells Enclosed Yes No

Standpipe in Stairwells Yes No Emergency Lighting in Stairwells Yes No

Exterior Fire Escapes Yes No Annunciator Panel Yes No

Fire Alarms Central Station Local Detection Systems Hard wired Battery

Individual Units Hard Wired Battery

Commercial Occupancy: Yes No If Yes, # of square feet _____

List all Tenants _____

Does Bldg have a school or day care onsite? Yes No If Yes, separate entrance Yes No

Professional Offices Yes No #of units _____ If Yes, separate entrance Yes No

Parking on Premises Yes No If Yes, Indoor or Outdoor Sq. Footage _____

Self Park ? Valet? Does Building run the garage or outside Operator? _____

Amenities

Exercise Room Yes No List Equipment _____

Is Waiver required for Use Yes No Equipment maintained by third Party Yes No

Is Access controlled Yes No Describe _____

Swimming Pool Yes No If Yes, Diving Board Slide

Lifeguard available Yes No Is Lifeguard an employee of the Bldg Yes No

Certificate of Insurance on file for Lifeguard Services Yes No

Is Access controlled Yes No Describe _____

Jacuzzi / Whirlpool / Sauna Yes No Emergency Shut-off available Yes No

Timers, automatic shut off enabled Yes No

Roof Deck available Yes No Indicate Hours of Operation: _____

Secured after Hours Yes No By Whom _____

Grills Available Yes No Fuel Type _____

Clubhouse Yes No Playground or Playroom Yes No

Any additional amenities not noted above _____

Dry cleaning on premises Yes No If Yes, Full Service Drop off?

Doorperson Yes No If Yes, Hours 24 hours 16 12 Other _____

Other Security TV Monitors Intercom Buzzer Virtual Doorman Motion Detectors

Burglar Alarm on all unattended entries? Yes No

Resident Super Yes No if non-resident super? Where does he/she live _____

Does each unit have 2 means of egress Yes No #of enclosed stairwells _____

open stairwells _____ #fire escapes _____

Elevators Yes No #of elevators _____ Maintenance Program Yes No

Additional Information

When and how was asbestos abated? _____

When and how was lead paint abated? _____

Does the association or independent property management firm hire contractors? Yes No

If yes, does the Insured or Property Manager collect Certificate of Insurance? Yes No

If yes, is the Insured named as an Additional Insured? Yes No

Does the Insured or Property Manager utilize a standardized work contract that includes a hold harmless agreement and indemnification agreement? Yes No

Are Outdoor Water Supply Lines (sprinkler lines, hose bibs, sinks, icemakers) Winterized Yes No

If Yes Who is Responsible for Winterizing? _____

Does the Property Manager verify Final C of O is received on All Building/Unit Alterations Yes No

Is a formal written Building evacuation plan in place for all occupants? Yes No

Has Building been updated to comply with all City, State and Federal Requirements for Equal Access (ADA requirements) _____

Does the risk have formal guidelines for securing building in the event of severe weather...i.e.; Hurricanes, Flooding, Significant Snow or cold events, etc.? Yes No

Please describe or provide copy _____

Is heat maintained to a minimum 60 degrees in vacant or unsold units? Yes No Who is responsible for verification? _____

Are utility shut offs – gas, electrical and water readily accessible Yes No By Whom? _____

Is there an Emergency Back Up Power Generator? Yes No

Insuring Agreement

Deductibles Requested: Minimum AOP Deductible \$2,500 ; Seepage/Water Deductibles subject to \$5,000 Minimum

| | | |
|--------------------|---|--|
| Seepage: | \$ _____ | <input type="checkbox"/> Deductible Applies Per Unit |
| Water Damage: | \$ _____ | <input type="checkbox"/> Deductible Applies Per Unit |
| All Other Perils: | \$ _____ | <input type="checkbox"/> Deductible Applies Per Unit |
| Ice Damming: | \$ _____ | <input type="checkbox"/> Deductible Applies Per Unit |
| Sprinkler Leakage: | \$ _____ | <input type="checkbox"/> Deductible Applies Per Unit |
| Wind or Hail: | <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5% | |

Association Insuring Agreement: The Broker is responsible for determining the appropriate insuring agreement. Refer to the Association By-Laws, Master Deed and / or state statutes to determine the correct insuring agreement: Bare Walls: Buildings and structures only. No coverage for units.

Single Unit: Building, structures and units on original specification basis.

All – In: Building, structures and units on additional installation basis.

Have the By – Laws or Master Deed been amended to reflect a change in insuring agreement? Is there a Local Condominium Act that modifies or supersedes any existing By-Laws or Master Deed? Yes No

Have the real property limits been updated to contemplate these changes

If Yes, Please Explain _____

PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE COMPLETING SUPPLEMENTAL APPLICATION.

DATE

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: "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."

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied). "The Applicant represents and warrants to the Company that the product being sought by the applicant under the application for insurance is not being obtained primarily for personal, family or household purposes."