



## Habitational Supplemental Application

(Complete in addition to Acord Applications)

Applicant Name \_\_\_\_\_

Applicant Website (if applicable) \_\_\_\_\_

Agency Name \_\_\_\_\_ Agency Contact \_\_\_\_\_

### DESCRIPTION OF LOCATIONS

	Location 1	Location 2	Location 3	Location 4	Location 5
Location Name					
Street Address					
City, St Zip					
County					
Years Owned					
Type of Occupancy*					
Year Built					
UPDATES					
Roof (year)					
Has roof been fully replaced in last 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Plumbing (year)					
Wiring (year)					
Heating (year)					
Paint (year)					
# of Buildings					
Total Square Feet					
Square foot per building (if > 5 bldgs, attach a breakdown of all bldgs, with sq ft and # of units for each)	Bldg 1	Bldg 1	Bldg 1	Bldg 1	Bldg 1
	Bldg 2	Bldg 2	Bldg 2	Bldg 2	Bldg 2
	Bldg 3	Bldg 3	Bldg 3	Bldg 3	Bldg 3
	Bldg 4	Bldg 4	Bldg 4	Bldg 4	Bldg 4
	Bldg 5	Bldg 5	Bldg 5	Bldg 5	Bldg 5
Any Aluminum Wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
# Stories					
# Units (Total)					
#Units per building	Bldg 1	Bldg 1	Bldg 1	Bldg 1	Bldg 1
	Bldg 2	Bldg 2	Bldg 2	Bldg 2	Bldg 2
	Bldg 3	Bldg 3	Bldg 3	Bldg 3	Bldg 3
	Bldg 4	Bldg 4	Bldg 4	Bldg 4	Bldg 4
	Bldg 5	Bldg 5	Bldg 5	Bldg 5	Bldg 5
# Vacant Units					
Manager on Premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Use letter listed for type of occupancy:

A – Apartment Building  
D2 – Dwelling (two family)

B – Boarding or Rooming House  
D3 – Dwelling (three family)

D1 – Dwelling (one family)  
D4 – Dwelling (four family)

Send all submissions to [submissions@vintageunderwriters.com](mailto:submissions@vintageunderwriters.com)

	Location 1	Location 2	Location 3	Location 4	Location 5
# of Pools					
Average Rent 1Br	\$	\$	\$	\$	\$
2Br	\$	\$	\$	\$	\$
3Br	\$	\$	\$	\$	\$
Minimum Lease Term					
# of HUD Units					
# of Student Units					
# of Elderly Units					
Nursing Home or Assisted Living?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## FIRE AND RESIDENT SAFETY

	Location 1	Location 2	Location 3	Location 4	Location 5
Smoke Detectors	<input type="checkbox"/> Battery <input type="checkbox"/> Hardwired	<input type="checkbox"/> Battery <input type="checkbox"/> Hardwired	<input type="checkbox"/> Battery <input type="checkbox"/> Hardwired	<input type="checkbox"/> Battery <input type="checkbox"/> Hardwired	<input type="checkbox"/> Battery <input type="checkbox"/> Hardwired
Fully Sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central Station Fire Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security Guards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are they armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property fully fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all residents' doors and windows have viewing windows in front doors, window loc/bars, dead bolts and lock pins for windows and sliding glass doors?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do lease/rental agreements make any warranty with regard to security?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are leasing agents/employees instructed to advise residents and prospective residents to call 911 in case of an emergency?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does management advise residents of all criminal activity that takes place upon the properties?					<input type="checkbox"/> Yes <input type="checkbox"/> No

## SWIMMING POOLS

Does any location with a pool(s) have a diving board? If yes, list which locations and height:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any location with a pool(s) have a slide? If yes, list which locations and height:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the pool area completely surrounded by building walls or fence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are gates or doors opening into the pool area equipped with a self-closing and self-latching device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the depth markings clearly shown	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are warning signs and rules posted and clearly visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there lifesaving equipment in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are lifeguard provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are the provided by : <input type="checkbox"/> Applicant <input type="checkbox"/> Pool Management Company <input type="checkbox"/> Other:	

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**RECREATIONAL EXPOSURES**

	Location 1	Location 2	Location 3	Location 4	Location 5
# of Playgrounds					
# of Tennis Courts					
# of Racquetball Courts					
# of Basketball Courts					
# of Volleyball Courts					
# of Baseball Fields					
Acres of lakes/ponds					
Beaches					
Miles of Bike Trails					
Sq ft of Clubhouse					
Spa/Gym	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of these activities available to non-residents for a fee?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain in detail and provide annual receipts for each					

**HIRED AND NON-OWNED AUTO COVERAGE**

Check here if not requested

<input type="checkbox"/> Hired and Non Owned Auto Coverage	Limits	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
<input type="checkbox"/> Non Owned Auto Coverage					
Number of Employees					
Does Applicant own any automobiles in the name of any entity/business?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Any hired and non-owned auto losses in the last 5 years? If yes, attach a detailed list of losses.	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**ASSAULT & BATTERY**

Check here if not requested

Limits	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
Any losses from an assault or battery in the last 3 years? If yes, attach a detailed list of losses.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**FRAUD WARNING**

Any person who knowingly, and with intent to defraud any insurance company or other person, files and application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact materials thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AGENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_