Richmond National Insurance Company
11013 West Broad Street, Suite 300
Glen Allen, VA 23060

SMALL HABITATIONAL SUPPLEMENTAL APPLICATION

I. INSTRUCTIONS

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed, and dated by the owner, partner, or legal officer.

II. APPLICANT INFORMATION

1. Name of entity to be listed as first Named Insured:

   _____

2. Are any other entities or DBAs to be listed as Named Insured? ☐ Yes ☐ No
   a. If yes, please list: _____
   b. Do all entities have common ownership with the first Named Insured? ☐ Yes ☐ No
3. Years in operation under current ownership/management: _____
4. Mailing Address:
   Street: _____
   City: _____ State: _____ Zip: _____
5. Contact for audits and/or inspections:
   Name: _____ Title: _____
   Phone Number: _____ Email: _____
6. Does the Applicant currently carry General Liability coverage? ☐ Yes ☐ No
   Effective Date: _____ Expiring Carrier: _____
   Expiring Premium: _____ Retroactive Date (if applicable): _____
7. Type of habitational exposure (select all that apply):

   ☐ Apartments ☐ Condominium Owners Association ☐ Cooperative
   ☐ Homeowners Association ☐ Student Housing ☐ 55+ Community

☐ Low Income Housing ☐ Other: _____

III. OPERATIONS

8. List all applicable rating exposures:
   - Number of Units: _____
   - Number of Swimming Pools: ____
   - Number of Playgrounds: _____
   - Clubhouse Square Footage: ____
   - Lakes/Reservoirs: _____
   - Other: _____

9. Select all recreational exposures present at the Applicant's premises:

☐ Baseball Fields	☐ Basketball Courts	☐ Tennis Courts
☐ Fitness Centers	☐ Spa/Hot Tub(s)	☐ Tanning Bed(s)
☐ Beaches	☐ Boat Slip(s)	☐ Docks/Jetties
☐ Volleyball Courts	☐ Pickleball Courts	☐ Racquetball Courts
☐ Other: _____		

10. Complete all the below:
    - Average Monthly Rent: $_____ ☐ N/A
    - Average Unit Cost: $_____ ☐ N/A
    - Monthly HOA/COA Dues: $_____ ☐ N/A
    - Occupancy Rate: _____

IV. PREMISES INFORMATION

Location 1:

Street Address: _____

City: _____ State: _____ Zip Code: _____

- Number of Buildings: _____
- Number of Stories: _____
- Year of Construction: _____
- Year of Electrical Updates: _____
- Year of Plumbing Updates: _____
- Year of Roofing Updates: _____
- Year of HVAC Updates: _____

Aluminum Wiring?	☐ Yes ☐ No
Federal Pacific, Stab-Lok, or Zinsco Electrical Panels?	☐ Yes ☐ No
Sprinklered?	☐ Yes ☐ No ☐ Partial

Location 2:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Number of Buildings:	_____
Number of Stories:	_____
Year of Construction:	_____
Year of Electrical Updates:	_____
Year of Plumbing Updates:	_____
Year of Roofing Updates:	_____
Year of HVAC Updates:	_____
Aluminum Wiring?	☐ Yes ☐ No
Federal Pacific, Stab-Lok, or Zinsco Electrical Panels?	☐ Yes ☐ No
Sprinklered?	☐ Yes ☐ No ☐ Partial

Location 3:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Number of Buildings:	_____
Number of Stories:	_____
Year of Construction:	_____
Year of Electrical Updates:	_____
Year of Plumbing Updates:	_____
Year of Roofing Updates:	_____
Year of HVAC Updates:	_____
Aluminum Wiring?	☐ Yes ☐ No
Federal Pacific, Stab-Lok, or Zinsco Electrical Panels?	☐ Yes ☐ No
Sprinklered?	☐ Yes ☐ No ☐ Partial

For risks with more than three locations, please attach a complete SOV with your submission.

V. SECURITY/SAFETY INFORMATION

11. Does the Applicant have any swimming pools on the premises? ☐ Yes ☐ No
    a. If yes, are there diving boards? ☐ Yes ☐ No
    b. Are there pool slides? ☐ Yes ☐ No
    c. Are hours of operations & use controlled? ☐ Yes ☐ No
    d. Are all depth markings clearly shown? ☐ Yes ☐ No
    e. Are warning signs and rules clearly posted? ☐ Yes ☐ No
    f. Are all pool areas fenced with self-latching gates? ☐ Yes ☐ No
    g. Is rescue equipment (ring buoy, shepherd's hook, etc) available poolside? ☐ Yes ☐ No
12. Is there a playground on the premises? ☐ Yes ☐ No
    a. If yes, please describe the equipment: _____

    _____

    _____
13. Are there smoke alarms in each unit? ☐ Yes ☐ No
    a. If yes, are they hardwired or battery? ☐ Hardwired ☐ Battery
    b. Are alarms tied to a central station alarm system? ☐ Yes ☐ No
14. Does the Applicant prohibit the use of grills on balconies, porches, or decks? ☐ Yes ☐ No
15. Do all buildings/floors have clearly marked emergency exits? ☐ Yes ☐ No
16. Are all common areas equipped with emergency lighting? ☐ Yes ☐ No
17. Does the Applicant provide any of the following security services?

    ☐ Gated Access ☐ Patrol ☐ CCTV System

    a. If patrol services are provided, are the security personnel:

    ☐ Armed ☐ Unarmed

    ☐ Employees ☐ Independent Contractors ☐ Off-duty Police
18. Are background checks required for all new tenants? ☐ Yes ☐ No
19. Does the Applicant have a written procedure for handling tenant complaints? ☐ Yes ☐ No
20. Are all units re-keyed prior to leasing to new tenants? ☐ Yes ☐ No
21. Who preforms building and/or on-site maintenance, service, and repair for each of the following:
    a. Janitorial operations: ☐ Employee ☐ Contractor
    b. Landscaping/Lawncare: ☐ Employee ☐ Contractor
    c. Snow & Ice Removal: ☐ Employee ☐ Contractor ☐ N/A
    d. General Maintenance: ☐ Employee ☐ Contractor
    e. Are all subcontractors required to list the Applicant as additional insured? ☐ Yes ☐ No
    f. Are all subcontractors required to carry equal or greater Liability limits? ☐ Yes ☐ No

VI. LOSS HISTORY

22. During the past five years, has the Applicant incurred any Liability claims?

☐ Yes ☐ No

If yes, please attach an explanation and/or supporting documentation.

23. During the past five years, has any insurer ever cancelled or non-renewed similar insurance to any applicant or has your insurance been cancelled for non-payment of premium any insurance or finance company?

☐ Yes ☐ No

If yes, please describe: _____

_____

_____

24. Is the Applicant aware of any occurrences, facts, circumstances, incidents, situations, damages, or accidents arising out of or related to your operations that might give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?

☐ Yes ☐ No

If yes, please attach an explanation and/or supporting documentation.

25. Has the Applicant incurred a Liability claim that was not covered by insurance?

☐ Yes ☐ No

If yes, please attach an explanation and/or supporting documentation.

VII. FRAUD WARNING

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in the following states, districts, and territories, the below notice supersedes the previous paragraph:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	***For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.***
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or

	misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Application: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. Claim: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	General: 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. Auto: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	General: 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. Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to $15,000.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

VIII. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understand that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant: _____

Print name and title of the person authorized on behalf of the Applicant:

First Name: _____

Last Name: _____

Title: _____

Signature of person authorized to execute on behalf of the Applicant:

Signature: _____ Date: _____

Producer Name: _____

Producer Signature: _____ Date: _____