

# Habitational Supplemental Application



11013 West Broad Street, Suite 300  
Glen Allen, VA 23060

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer, or partner. Please read carefully the statements at the end of this application.

## Section I. Applicant Information

Name of Applicant: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Years in business under current management: \_\_\_\_\_ Date established: \_\_\_\_\_

Business Type:

☐ Corporation ☐ Individual ☐ Partnership ☐ Non-Profit ☐ Limited Partnership

☐ Association ☐ Joint Venture ☐ LLC ☐ Other: \_\_\_\_\_

Area Type: ☐ Metro city ☐ Suburb ☐ Rural

## Section II. Premises Information

Provide number of: Buildings: \_\_\_\_\_ Stories: \_\_\_\_\_ Total Units: \_\_\_\_\_

Type of occupancy: ☐ Apartments ☐ Condominium Association ☐ Homeowners Association

How many years has applicant owned the building? \_\_\_\_\_

Provide number of Owner occupied units \_\_\_\_\_ Rented Units \_\_\_\_\_ Unsold/Vacant Units \_\_\_\_\_

Does applicant perform background checks on employees and tenants? ☐ Yes ☐ No

Does applicant have a formal eviction policy in place? ☐ Yes ☐ No

"Yes", please submit a copy with this completed application.

In what year was the building constructed? \_\_\_\_\_

Provide type of construction: \_\_\_\_\_

In what year were the following updates last performed:

Heated: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical: \_\_\_\_\_ Roofing: \_\_\_\_\_

Are there elevators in the building(s)? ☐ Yes ☐ No

If "Yes", is there a maintenance contract in place with a license contractor? ☐ Yes ☐ No

Are there any owned parking areas? ☐ Yes ☐ No

If "Yes", approximate square feet: \_\_\_\_\_

Are animals allowed on premises? ☐ Yes ☐ No

If "Yes", what breed and size restrictions are in place: \_\_\_\_\_

Are there any non-habitational operations on the premises? ☐ Yes ☐ No

If "Yes":

- a) What type of occupancy? \_\_\_\_\_
- b) List the square footage of the occupancy: \_\_\_\_\_

### Section III. Occupancy/Services

Does applicant have any elderly, disabled or assisted living tenants? ☐ Yes ☐ No  
If "Yes", what percentage? \_\_\_\_\_ %  
Does applicant provide any meals for tenants? ☐ Yes ☐ No  
Does applicant provide transportation for residents? ☐ Yes ☐ No  
Are there pull cord and/or call buttons used to monitor residents? ☐ Yes ☐ No  
Does applicant or other provide any health services to residents? ☐ Yes ☐ No  
Does applicant provide any governmental or subsidized housing? ☐ Yes ☐ No  
If "Yes", what percentage? \_\_\_\_\_ %  
Does applicant have any student renters? ☐ Yes ☐ No  
If "Yes", what percentage? \_\_\_\_\_ %

### Section IV. Maintenance

Is management staff on site? ☐ Yes ☐ No  
Is maintenance staff on site? ☐ Yes ☐ No  
If subcontractors are required to perform any work on the premises, including snow removal, are they required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured? ☐ Yes ☐ No  
Are there any construction or renovation projects in progress or planned during the coming year? ☐ Yes ☐ No  
If "Yes", please describe: \_\_\_\_\_

### Section V. Life Safety

Type of wiring: ☐ Copper ☐ Aluminum  
If "Aluminum", pigtailed or CO/ALR? ☐ Pigtailed ☐ CO/ALR  
Is facility fully sprinklered? ☐ Yes ☐ No  
If "No", what percentage is sprinklered? \_\_\_\_\_ %  
Are there smoke alarms in each room? ☐ Yes ☐ No  
If "Yes", are they: ☐ Hardwired ☐ Battery  
Does the building have a central station alarm? ☐ Yes ☐ No  
If "Yes", is it connected to: ☐ Local fire department ☐ Outside monitoring service  
Is there emergency lighting in all common areas (including stairwells)? ☐ Yes ☐ No  
Are there carbon monoxide detectors in each room? ☐ Yes ☐ No  
If "Yes", are they: ☐ Hardwired ☐ Battery  
Are there two means of egress from each floor? ☐ Yes ☐ No  
If "No", please explain: \_\_\_\_\_  
\_\_\_\_\_

## Section VI. Amenities

How many swimming pools are onsite? \_\_\_\_\_

Is pool completely fenced?

☐ Yes ☐ No

If "Yes", are there self-closing and latching gates?

☐ Yes ☐ No

Are gates locked during non-pool hours?

☐ Yes ☐ No

Are there diving boards or slides?

☐ Yes ☐ No

Are rules posted?

☐ Yes ☐ No

Are there lifeguards on duty?

☐ Yes ☐ No

Do all pools and spa drains conform to the mandated specifications and requirements of the Virginia Graeme Baker Pool and Spa Safety Act?

☐ Yes ☐ No

Which of the following recreational facilities are available to tenants?

☐ Tennis courts ☐ Lakes/ponds/ocean access ☐ Kid's programs/day camps

☐ Volleyball courts ☐ Boat rental operations ☐ Bathing beaches

☐ Tanning beds ☐ Boat docks/slips ☐ Fitness center

☐ Banquet hall ☐ Clubhouse

☐ Playgrounds ☐ Other: \_\_\_\_\_

Describe the ground cover for playground areas as well as the age and type of equipment:

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Does applicant sponsor or host any athletic events on this premise or the premises of others?

☐ Yes ☐ No

Will any special events be hosted on applicant's premises during the upcoming policy period and/or does applicant regularly hold special events at the premises?

☐ Yes ☐ No

If "Yes", will liquor be served at these events?

☐ Yes ☐ No

If "Yes", please describe: \_\_\_\_\_

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## Section VIII. Security

Are security guards onsite?

☐ Yes ☐ No

If "Yes", are security personnel:

a) Employed

☐ Yes ☐ No

b) Off-duty police officers

☐ Yes ☐ No

c) Subcontracted

☐ Yes ☐ No

If "Yes", are the subcontractors required to provide COIs with limits of at least

\$1,000,000 and name applicant as an additional insured?

☐ Yes ☐ No

d) Armed security

☐ Yes ☐ No

Provide days of the week security is on duty at applicant's location: \_\_\_\_\_

Provide hours security guard is on duty: \_\_\_\_\_

Are background investigations conducted on all employees who perform security duties?

☐ Yes ☐ No

## 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.

### Applicant Notice to Applicants in:

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <b>Alabama</b>               | 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.                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Alaska</b>                | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Arizona</b>               | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Arkansas</b>              | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>California</b>            | <b><i>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.</i></b>                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Colorado</b>              | 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. |
| <b>Delaware</b>              | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>District of Columbia:</b> | <b>WARNING:</b> 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.                                                                                                                                                                                                                                                                                                                                                                 |

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| <b>Florida</b>       | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Idaho</b>         | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Indiana</b>       | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Kentucky</b>      | 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.<br>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. |
| <b>Louisiana</b>     | 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.                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Maine</b>         | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Maryland</b>      | 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.                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Minnesota</b>     | A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>New Hampshire</b> | 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.                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>New Jersey</b>    | Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.<br>Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.                                                                                                                                                                                                                                                                                                                                                |
| <b>New Mexico</b>    | 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.                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>New York</b>      | 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                                                                                                                                                                                                                                                                       |

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|                      | <p>penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</p> <p>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.</p>                                                                                              |
| <b>Ohio</b>          | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Oklahoma</b>      | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Pennsylvania</b>  | <p>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.</p> <p>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.</p> |
| <b>Rhode Island</b>  | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Tennessee</b>     | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Virginia</b>      | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Washington</b>    | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>West Virginia</b> | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## 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.

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|------------------------------------------------------------------------------|--|--------------|
| <b>Name of Applicant:</b>                                                    |  |              |
| <b>Signature of person authorized to execute on behalf of the Applicant:</b> |  | <b>Date:</b> |
| <b>Print name and title of person authorized on behalf of the Applicant:</b> |  |              |
| <b>Agent/Broker Name:</b>                                                    |  |              |