

HABITATIONAL SUPPLEMENT TO ACORD APPLICATIONS					
First Named Insured:					
Address:					
Managing Agent Name:					
# Bldgs:	Occupancy: <input type="checkbox"/> Rental <input type="checkbox"/> Coop <input type="checkbox"/> Condo <input type="checkbox"/> Condop			Construction:	
# of Stories:	Age of Bldg:	Rehabbed? <input type="checkbox"/> Y <input type="checkbox"/> N Year:	# of Units:	Sponsor/Developer:	# Sold and occup:
Building Sprinklered? <input type="checkbox"/> Y <input type="checkbox"/> N		# of Elevators:			
If yes, % of Building Sprinklered %		Emergency lighting in stairwells? <input type="checkbox"/> Y <input type="checkbox"/> N			
Areas sprinklered (compactor, garage, stairwells, etc.) :		Exterior fire escapes? <input type="checkbox"/> Y <input type="checkbox"/> N			
		Hard-wired smoke detectors in Common Areas? <input type="checkbox"/> Y <input type="checkbox"/> N			
		Hard wired smoke detectors in units? <input type="checkbox"/> Y <input type="checkbox"/> N			
		Electrical type of wiring:			
Floor over basement fire-resistive? <input type="checkbox"/> Y <input type="checkbox"/> N		Aluminum <input type="checkbox"/> Y <input type="checkbox"/> N When was wiring last updated?			
Stairwells enclosed? <input type="checkbox"/> Y <input type="checkbox"/> N		Fuses or Circuit Breakers? Both? What %?			
Standpipe in stairwells? <input type="checkbox"/> Y <input type="checkbox"/> N		Type of Plumbing:			
Fire Alarms: Central Station <input type="checkbox"/> Y <input type="checkbox"/> N		When was plumbing last updated?			
Local <input type="checkbox"/> Y <input type="checkbox"/> N					
Annunciator Panel <input type="checkbox"/> Y <input type="checkbox"/> N					
Indoor parking? <input type="checkbox"/> Y <input type="checkbox"/> N		Parking Sq. Ft.:			
Outdoor parking? <input type="checkbox"/> Y <input type="checkbox"/> N		Parking Sq. Ft.:			
Self-Park? Valet? Does Bldg. run the garage or outside Operator?					
Professional offices? <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, separate entrance? <input type="checkbox"/> Y <input type="checkbox"/> N		# of units?	
Health club? <input type="checkbox"/> Y <input type="checkbox"/> N		Include Equipment and Services:			
Swimming pool? <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, diving board? <input type="checkbox"/> Y <input type="checkbox"/> N		Is Lifeguard an employee of the Bldg? <input type="checkbox"/> Y <input type="checkbox"/> N	
Commercial occupants: <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, # of square feet?			
Who are the tenants?					
Does Bldg have a school or day care?					
Does the building have a roof deck which may be used by residents? <input type="checkbox"/> Y <input type="checkbox"/> N					
Dry cleaning on premises? <input type="checkbox"/> Y <input type="checkbox"/> N		Full Service or Drop Off?			
Doorperson 24hrs/7 days? <input type="checkbox"/> Y <input type="checkbox"/> N		If part-time, indicate hours:			
Describe other security: TV monitors <input type="checkbox"/> Intercom <input type="checkbox"/> Buzzer <input type="checkbox"/> Virtual Doorman <input type="checkbox"/> Motion Detectors <input type="checkbox"/>					
Burglar alarm on all unattended entries? <input type="checkbox"/> Y <input type="checkbox"/> N		Other note:			
Resident Super <input type="checkbox"/> Y <input type="checkbox"/> N					
If non-resident Super, where does he/she live?					
2 Means of Egress? <input type="checkbox"/> Y <input type="checkbox"/> N					
# of Enclosed Stairwells:		# Open Stairwells:		# Fire Escapes:	
When and how was asbestos abated?					
When and how was lead paint abated?					
When was roof resurfaced?					
Describe any plans to update roof:					
Does the association or independent property management firm hire independent contractors? <input type="checkbox"/> Y <input type="checkbox"/> N					
If yes, does the Insured collect Certificates of Insurance (COI) from contractors? <input type="checkbox"/> Y <input type="checkbox"/> N					
If yes, is the Insured named as an Additional Insured on the COI with \$1MM per Occurrence and \$2Mm General Aggregate limits? <input type="checkbox"/> Y <input type="checkbox"/> N					
Does the insured utilize a standardized work contract that includes a hold harmless agreement and indemnification agreement? <input type="checkbox"/> Y <input type="checkbox"/> N					
Is a formal written Building evacuation plan provided to all occupants? Attach a copy. <input type="checkbox"/> Y <input type="checkbox"/> N					

PRINTED NAME AND TIELE 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."