

Supplemental Application - Habitational

The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.

1. Named Insured: _____

2. Named Insured Mailing Address: _____

3. Location(s) to be Insured:

Loc. #	Bldg. #	Address	City	State	Zip Code

4. Description of Building(s)- Include # of stories, year built and occupancy for each building:

Loc. #	Bldg. #	# of Stories	# of Units	Year Constructed	Construction

5. Provide # of units utilized as: Student Housing ____ Subsidized or HUD housing ____ Owner occupied ____
 Total Available units ____ Total # of units occupied ____

6. Is there currently any existing fire, water, collapse or other prior loss damage? Yes ___ No ___ If yes, please describe: _____

7. Is adequate # of operational fire extinguishers on premises according to local code? Yes ____ No ____

8. Are there operational heat, smoke and carbon monoxide detectors in every unit? Yes ____ No ____

9. Is an automatic sprinkler system in place and operational? Yes ____ No ____

10. Is there a central station fire alarm? Yes ____ No ____

11. Are there any outstanding municipal code violations? Yes ___ No ____ If yes, please explain.

12. Is there emergency lighting? Yes ____ No ____

13. Are exits accessible, unlocked and illuminated? Yes ____ No ____

14. Is the parking lot / facility lit? Yes ____ No ____ Is the surface maintained? Y ___ N___

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15. Indicate security provided on insured premises:

Loc. #	Bldg. #	Surveillance Cameras?	Dead Bolts?	Peep Holes?	Sliding Door security on balconies or patios?	Re-keying as tenants vacate?
		Y ___ N ___	Y ___ N ___	Y ___ N ___	Y ___ N ___	Y ___ N ___
		Y ___ N ___	Y ___ N ___	Y ___ N ___	Y ___ N ___	Y ___ N ___
		Y ___ N ___	Y ___ N ___	Y ___ N ___	Y ___ N ___	Y ___ N ___

16. Is there a maintenance worker on premises? _____ Is the worker an employee? _____
 If not an employee, are certificates of insurance on file w/ the insured named as Additional Insured? _____

17. For properties with swimming pools:

- a. Are pools fenced with self-latching gate? Yes _____ No _____
- b. Are warning signs and rules posted? Yes _____ No _____
- c. Does the pool area have non-slip surfaces? Yes _____ No _____
- d. Is the pool depth marked? Yes _____ No _____
- e. Any slides or diving boards over 3 feet? Yes _____ No _____

18. Is there a fitness center on premises? Yes _____ No _____ If yes, is a key required for entry? Y ___ N ___

19. Is there playground equipment on the premises? Y ___ N ___ If yes, please describe each piece: _____

20. Describe any other recreational amenities provided on the premises (such as clubhouse, community room, hot tubs or saunas, basketball court, tennis courts): _____

Named Insured Signature: _____

Date: _____

Swimming Pools - Supplemental Application

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2. Named Insured Mailing Address: _____

3. Premises Address:

Loc. #	Bldg. #	Address	City	State	Zip Code

4. Location of all swimming pools:

Loc. #	Bldg. #	Swimming Pools – in ground	Wading pool(s)	Hot Tub(s) / Spa(s)	Above-ground pool(s)

5. Are there any diving boards? Yes ___ No ___ If yes, the height of the highest board? _____
6. Are there any slides? Yes _____ No _____
7. Are depths clearly marked on each pool? Yes _____ No _____
8. What life saving equipment is available and accessible? _____
9. Are all pools and spas in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Yes ___ No ___
10. Are lifeguards employed? Yes _____ No _____ If yes, are they Red Cross certified? Yes _____ No _____
11. Is there a fence surrounding the pool area? Yes ___ No ___ If yes, what is the height of the fence? _____
12. Is there a self-locking gate around the pool? Yes _____ No _____
13. Are all chemicals stored in a secured area? Yes _____ No _____
14. Is there any swimming and/or diving instruction given at the pool? Yes ___ No ___ If so, how many instructors / lifeguards are present during instruction? _____
15. Is there any swimming done in an ocean, lake, river, pond or gravel pit on the premises? Yes _____ No _____

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FRAUD WARNINGS

To All Prospective Insureds: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds in:

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 claiming 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.

District of Columbia: "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."

Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New York: 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 \$5,000 and the stated value of the claim for each such violation.

New York (Fire insurance applications): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

New York (Automobile): 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 \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

Pennsylvania (Automobile): 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 (7) years and the payment of a fine of up to \$15,000.