



Habitational Supplemental Application

APPLICANT INFORMATION

1) Name of Applicant: _____

OCCUPANCY

Low Income:	_____ %	Number of Units/Rooms:	_____ %
Student:	_____ %	Number of Floors/Stories:	_____ %
Subsidized:	_____ %	Average Monthly Rent/Unit:	_____ %
Elderly:	_____ %	Number of Rental Units:	_____ %
Occupancy Rate:	_____ %	Annual of Short Term Rentals:	_____ %

MANAGEMENT & CONSTRUCTION

Does the insured own and manage the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the insured a manager only? If yes, years of experience:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a resident manager?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the insured responsible for maintenance of the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If subcontracted out, are certificates of insurance required and records kept?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a schedule for inspections and maintenance of all facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any aluminum wiring in buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, has it been repaired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any units rented daily or weekly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If older than 20 yrs, dates updates were done: Wiring_____ Roofing_____ Plumbing_____ Heating_____		

CHILD CARE OPERATIONS

Is there a daycare, babysitting or after school program operated on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the insured or independent company operate the daycare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If independent company, are certificates of insurance requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional insured status granted to the insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

POOLS

Are the pools fenced with self-latching gates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diving boards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lifeguards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Depth adequately marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are the rules adequately posted? ☐ Yes ☐ No Controlled hours of operation and use? ☐ Yes ☐ No

Pools have anti vortex drains? ☐ Yes ☐ No Open to tenants and guest only? ☐ Yes ☐ No

Beaches? ☐ Yes ☐ No

AMENITIES

Racquetball, tennis, basketball, volleyball courts? ☐ Yes ☐ No Boats, docks & slips? ☐ Yes ☐ No

Playground? ☐ Yes ☐ No Sewage Treatment Plant? ☐ Yes ☐ No

Streets or roads? ☐ Yes ☐ No How many miles? _____ Jacuzzis, Hot Tubs? ☐ Yes ☐ No

Saunas & Steam Rooms? ☐ Yes ☐ No Any lakes? ☐ Yes ☐ No

Clubhouse? ☐ Yes ☐ No Square ft _____ Reservoirs? ☐ Yes ☐ No

Parking Garage? ☐ Yes ☐ No Number of spaces _____ Recreational activities? ☐ Yes ☐ No

PROTECTION

Are there smoke detectors in each unit? How often checked? ☐ Yes ☐ No

Type of smoke detector: _____

Fire alarms? If yes, are they central station? ☐ Yes ☐ No

Is the building sprinklered? If yes, what percentage? _____ ☐ Yes ☐ No

Standpipes? ☐ Yes ☐ No

Are there fire doors or panic hardware? ☐ Yes ☐ No

SECURITY

Are security guards employed? ☐ Yes ☐ No

Are they armed? ☐ Yes ☐ No

Employees of insured or subcontracted out? ☐ Yes ☐ No

If subcontracted out, are certificates of insurance required? ☐ Yes ☐ No

Are subcontractors required to have limits equal to or greater than the insured? ☐ Yes ☐ No

Is the insured granted additional insured status under the subcontractor's policy? ☐ Yes ☐ No

Are there deadbolt locks on all entry doors? ☐ Yes ☐ No

Are there peepholes on all entry doors? ☐ Yes ☐ No

Are keys coded and adequately protected? ☐ Yes ☐ No

Has the complex been demastered (NO MASTER KEY SYSTEM)? ☐ Yes ☐ No

Exterior lights: building and parking determined to be adequate by police/security firm? ☐ Yes ☐ No

Are background checks required on all new tenants? ☐ Yes ☐ No

LOSS HISTORY

Have owner, officer or partner filed bankruptcy in the last 5 years?

☐ Yes ☐ No

If yes, please explain:

Within the past 3 yrs, has the applicant had any general liability claims (whether insured or not)?

☐ Yes ☐ No

If yes, please explain:

OPTIONAL COVERAGES

Citizens Policy Surcharge Endorsement? Citizens Premium _____

☐ Yes ☐ No

Sinkhole Coverage? (DIC only)

☐ Yes ☐ No

Citizens All Other Wind (AOW) Deductible Buyback? Deductible Requested _____

☐ Yes ☐ No

Condo Unit Owners Flood Coverage?

☐ Yes ☐ No

FRAUD STATEMENT

Any person who knowingly and with the 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.

WARRANTY STATEMENT

I hereby apply for a policy of insurance as set forth in the application and I warrant and certify that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy, which may be issued by the company, will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

Signature of Applicant: _____ Title: _____ Date: _____

I hereby warrant and certify that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____ Date: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY