



AmWINS Access Insurance Services Habitational Risks Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

ATTACH SEPARATE PAGE FOR EACH LOCATION TO BE INSURED

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION

NAME:

1. GENERAL OCCUPANCY INFORMATION

a. Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Apartment Building | <input type="checkbox"/> Dwelling (1-4 family) | <input type="checkbox"/> Senior Housing |
| <input type="checkbox"/> Apartment Hotel | <input type="checkbox"/> Housing Authorities | <input type="checkbox"/> Time Share |
| <input type="checkbox"/> Boarding or Rooming House | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Vacation Rentals |
| <input type="checkbox"/> Other: _____ | | |

b. If occupancy is Mobile Home, are they tied down? Yes No

c. Complete chart:

% of Units Subsidized: %	% of University/College students as tenants: %	% of Elderly: %	% of General population: %
Animals Permitted? If Yes, list type:			

2. UPDATES AND RENOVATIONS

	Yes	No
Wiring & Electrical (indicate type below)	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	
Aluminum/Fuses/Knob & Tube		
If Aluminum, Pigtailed?		
Breaker Box/ Romex		
Heating/Air Conditioning	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	
Renovation contemplated this year?		
If Yes, Provide details:		

3. FIRE PROTECTION

	Yes	No
Sprinklered?		
If Yes: All Units?		
Common areas?		
Each unit equipped with:		
Smoke Detectors		
CO2 Detector		
Hard wire or Battery		
If equipped with wood burning stove or fireplace:		
Spark arrester on chimney		
Fire/Chimney cleaned on regular basis		
Damper functional		

4. SWIMMING POOL(S) AND HOT TUBS/SPAS

If None, Check here:

Number of Swimming/Wading Pools		
Number of diving boards/platforms		
Height of diving boards/platforms		
Number of slides/rafts		
Height of slides		
Pool maintained by applicant or outside contractor?	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor	
	Yes	No
If outside contractor, are COI's on file?		
Pool completely surrounded by building walls or fence with self-locking gates?		
Lifeguards provided?		
If Yes, by Applicant or Pool Mgmt. Co.?	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co.	
If outside contractor, are COI's on file?		
Underwater lighting?		
Steps into shallow end with handrails?		
Ladder at deep end with handrails?		
Depth of pool markings clearly visible?		
Warning signs and rules posted?		
Life-safety equipment available at poolside?		
Swimming pools, wading pools, hot tubs & spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?		

5. OTHER EXPOSURES

a. Number of: Baseball field(s) _____ Court(s) _____ Saunas _____
 Bathing Beaches _____ Fitness Center _____ Shooting Ranges _____
 Biking/Hiking trails _____ Lakes/Ponds (acres) _____ Stables _____
 Boat docks/slips _____ Parks (acres) _____ Streets/Roads (miles) _____
 Clubhouse (sq. ft.) _____ Playground(s) _____ Tanning beds _____
 Common Area BBQs _____ Other: _____

Are any of these exposures available to nonresidents for a fee? Yes No

If **Yes**, annual receipts: \$ _____

b. Balconies? Yes No
 i. Railings regularly inspected? Yes No
 ii. Meet current building codes? Yes No
 iii. Bar-B-Qs permitted on balconies? Yes No

6. SECURITY

	Yes	No
Master keys and locks?		
Are locks changed/re-keyed when residents vacate the premises?		
Criminal incidents:		
Does management advise all residents of criminal activity that has taken place on the properties?		
Is this information provided to prospective renters if requested?		
Background checks ran on all employees?		
Do the residents' doors or windows contain any of the following:		
Deadbolts?		
Lock pins for windows and sliding glass doors?		
Door Viewer or Peephole in front doors?		
Window locks/bars?		

a. What type of security is provided?? Gated Access Patrol Security Alarm Systems

i. If **gated**, please answer the following questions:

	Yes	No
Entire apartment complex gated?		
Do the guards keep logs of any activity?		
If gate is card or security code access, how often is maintenance done on the gate?		
What procedure is in place if gate is not working?		

ii. If **patrol**, please answer the following questions:

Number of armed guards		
Number of unarmed guards		
Are guards employees management or independent contractor?	<input type="checkbox"/> Mgmt.	<input type="checkbox"/> Contractor
	Yes	No
If independent contractor, COI's with Additional Insured required?		
Security 24 hours?		

iii. If **security alarm systems** are provided, please answer the following questions:

	Yes	No
Alarm systems in every unit?		
Residents shown how to operate the alarm systems?		

8. STUDENT HOUSING OR DORMS

If No, Check Here:

	Yes	No
Do you rent or lease the property to any fraternal organization, sorority, club, or other social organization?		
Are tenants restricted from extending occupancy to others without your approval?		
Describe tenancy arrangements (C: Co-Ed or G: Gender Specific (M/F))	<input type="checkbox"/> C <input type="checkbox"/> G (<input type="checkbox"/> M <input type="checkbox"/> F)	
Due to the nature of occupancy, do you have:		
Rules regarding parties, or other activities permitted on the premises?		
Rules that prohibit tenants from keeping any type of weapon on premises?		
Rules that identify the definition of "hazing" or similar practices in accordance with the Fraternal Information and Programming Group (FIPG) regardless of whether tenants are a member of such organizations?		
Do all sleeping rooms have privacy locks?		
Do tenants share a common restroom?		
Are doors equipped with privacy locks?		

Do you provide a resident manager?		
Minimum age requirement		
Background checks		
Indicate type of background check	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National	

APPLICANT’S WARRANTY STATEMENT

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant’s operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company’s rights.

FRAUD STATEMENT

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 may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant _____ Title: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant ; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent _____ Date: _____