



AFFORDABLE HOUSING SUPPLEMENTAL APPLICATION

Date:

Applicants Name:

Location Address:

Effective Date:

Inspection Contact:

For Profit

Not For Profit

FEIN:

Web Address:

REQUIREMENTS FOR SUBMISSION

- ACORD Applications
- Currently valued insurance company loss runs for the current policy term plus four years
- Statement of Values
- Color Photos
- Plot Plan

SECTION I - HOUSING

1. Type of Housing / # of units (check all that apply)

Government Subsidized – # of units:

Section 42 - # of units:

Section 8 - # of units:

If tax credit or government subsidized, are procedures in place to verify income? Yes No

If yes, please explain:

Market Rate - # of units:

Student - # of units:

Disabled or Senior - # of units:

If Senior, any Assisted living services? Yes No

If yes, please explain:

Are pull cords or emergency buttons in apartment units? Yes No

If yes, how are they monitored, describe procedure in place:

Are communal dining services provided? Yes No

Transient / Homeless - # of units:

Vacant - # of units:

2. What is the average occupancy rate?

3. What is the average monthly rent?

4. Number of evictions in the past 12 months:

SECTION II - MANAGEMENT

- | | | | | |
|--|----------------------------------|-----------------------------------|---|--|
| 1. Interest in Property: | Owner | Manager | Year property was first owned or managed: | |
| 2. Self Managed | On site property management firm | Off site property management firm | | |
| 3. If property management firm, is the owner required to be named as Additional Insured? | Yes | No | | |
| 4. Primary Insurance provided by: | Owner | Property Manager | | |

SECTION III - PROPERTY

- | | | | | | | |
|--|---|-----------------|---------------------------|-------------------------------|-----|----|
| 1. Number of Buildings: | | | | | | |
| 2. Type of construction: | | | | | | |
| 3. Number of stories: | | | | | | |
| 4. % sprinklered: | In units? | % | In common areas? | % | | |
| 5. Are there firewalls? | | | | | Yes | No |
| 6. Smoke detectors: | Battery | Hardwired | CO | | | |
| | If battery, is there a regular inspection and replacement procedure? | | | | Yes | No |
| 7. Are extinguishers provided? | | | | | Yes | No |
| | Is there a regular inspection and replacement procedure? | | | | Yes | No |
| 8. Is the fire alarm: | Local | Central Station | Manual | Automatic | | |
| 9. Is there emergency lighting? | | | | | Yes | No |
| 10. Is there adequate lighting in the parking area? | | | | | Yes | No |
| 11. Is there a guard service provided? | | | | | Yes | No |
| | If yes, please answer the below: | | | | | |
| a. Type of guard service provided: | 24 hour | Evenings | Other: | | | |
| b. Are the guards: | Armed | Unarmed | | | | |
| c. Are the guards: | Employees | Off Duty Police | Independent Contractors * | Non-cash compensated security | | |
| | *If security service is an independent contractor, please provide a Certificate of Insurance and a fully executed copy of the contract. | | | | | |
| 12. Are the premises monitored by a closed circuit TV? | | | | | Yes | No |
| 13. Is this a gated community or gated property? | | | | | Yes | No |
| | If yes, please describe access: | | | | | |
| 14. Describe any fixed security measures in place. (i.e. window security in place, cards, locks, sliding glass doors, etc.). | | | | | | |
| 15. Are incident reports provided to senior management of the property management company for security improvement action plans to be implemented? | | | | | Yes | No |
| 16. What process is followed after a violent incident takes place? | | | | | | |
| 17. Are criminal background checks conducted on all tenants and employees? | | | | | Yes | No |
| 18. Are units re-keyed prior to new tenant leasing? | | | | | Yes | No |
| 19. Is property located in known Flood Zone? | | | | | Yes | No |
| 20. Is property located in known Brush/Wildfire area? | | | | | Yes | No |
| 21. Is property located in close proximity to EQ fault? | | | | | Yes | No |
| 22. Is crime and vandalism in neighborhood? | High | Medium | Low | | | |
| | Are tenants informed of crime and vandalism activity? | | | | Yes | No |

SECTION IV – SERVICES/AMENITIES

1. Are any of the following services provided on site?

Child Care / After School					
Is this operated by the Applicant?				Yes	No
If yes, please complete the Child Care Center Supplemental Application.					
If no, does Applicant verify insurance and are they named as an Additional Insured on the operator's policy?				Yes	No
Social or Community Services?				Yes	No
If yes, please describe:					

Medical Services?				Yes	No
If yes, please describe:					

Exercise / Weight Room?				Yes	No
Exercise Classes?				Yes	No
Type of Equipment:	Treadmill	Free Weights	Lifecycle		
	Elliptical	Other:			
Is the room supervised?				Yes	No
Are the rules posted?				Yes	No
Are the participants required to sign a release or waiver of liability form?				Yes	No

Swimming Pools?	Inside	Outside		Jacuzzi/Hot Tubs?	Inside	Outside
If outside, are pools completely fenced?						Yes
What is the height of the fence?						No
Are there any diving boards?	Yes	No	Number:	Height:		
Do the pools have self-locking gates?						Yes
Are pool depths marked in and around the pool area?						No
What are the hours of operation?						
Are lifeguards on duty:	Employees?	Yes	No	Subcontractors?		Yes
Is there lifesaving equipment in the pool area?						No
Can the pool be rented out for private parties?						Yes
How often is the pool water inspected and maintained?						No
Are all pools and spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act?						Yes
If no, provide time table and action plan:						No

Lakes, Ponds or other bodies of water on the premises?				Yes	No
If yes, describe the:					
Length:					
Depth:					
Acre:					
Is the area around the water fenced or roped off?				Yes	No
Is swimming permitted?				Yes	No

Parks or Playgrounds?				Yes	No
Type of ground cover/material?					
Basketball Courts?				Yes	No
Tennis Courts?				Yes	No

2. Are there any wood burning stoves or fireplaces? Yes No

3. Is there a common laundry area? Yes No

How are dryers vented?				Yes	No
How often are they checked?					
Is the lint removed?				Yes	No

- | | | | | | | | |
|----|---|----------|-----|----|------------|-----|----|
| 4. | Are dogs allowed with: | Tenants? | Yes | No | Employees? | Yes | No |
| | If yes, are there written rules and procedures? | | | | | Yes | No |
| | What is the maximum weight limit? | | | | | | |
| | Are there any breed restrictions? | | | | | Yes | No |
| | If yes, please explain: | | | | | | |
| 5. | Are there any balconies on buildings? | Wood? | Yes | No | Metal? | Yes | No |
| | Is grilling on balconies permitted? | | | | | Yes | No |
| | How often are balconies inspected? | | | | | | |
| | By whom are they inspected by? | | | | | | |
| | Date of last balcony repair / inspection: | | | | | | |

SECTION V - MAINTENANCE

- | | | | | | | | |
|-----|---|------------------------------|------------------------------|----|------------------------------|-----|----|
| 1. | Is maintenance budgeted and funded? | | | | | Yes | No |
| 2. | Is maintenance: | Subcontracted or | Maintained by the Applicant? | | | | |
| 3. | If maintained by the Applicant, does the maintenance person live on site? | | | | | Yes | No |
| 4. | Is there a regular maintenance program in place? | | | | | Yes | No |
| | Please describe: | | | | | | |
| 5. | Is snow removal: | Subcontracted or | Employee? | | | | |
| | If contracted, is Applicant named as an Additional Insured? | | | | | Yes | No |
| | Does this include roof snow and ice removal? | | | | | Yes | No |
| 6. | Roof Type: | Asphalt/Composite Shingle | Tile | | Metal | | |
| | | Wood Shake / Shingle | Flat | | | | |
| | Age of Roof? | | | | | | |
| | Are roofs inspected annually? | | | | | Yes | No |
| | By whom are roofs inspected by? | | | | | | |
| | Date of last roof update / inspection: | | | | | | |
| 7. | Type of Wiring: | Copper | Aluminum | | | | |
| | If aluminum, it is pigtailed? | | Yes | No | Method: | | |
| | Date of last electrical update / inspection: | | | | | | |
| 8. | Any PVC Plumbing? | | | | | Yes | No |
| | Date of last plumbing update / inspection: | | | | | | |
| | Have there been any past plumbing or water damage losses? | | | | | Yes | No |
| | If yes, please describe: | | | | | | |
| 9. | Have Asbestos materials been: | Determined not to be present | Removed | | Protected to prevent flaking | | |
| 10. | Is there any lead exposure? | | | | | Yes | No |
| | If yes, has it be remediated? | | Yes | No | When? | | |
| 11. | Is the exterior of the building covered in dryvit or EIFIS? | | | | | Yes | No |
| 12. | Is there a Central Boiler? | | | | | Yes | No |
| 13. | Is there an elevator? | | | | | Yes | No |
| | If yes: | # of passenger? | # of freight? | | | | |
| | Date of last elevator update / inspection: | | | | | | |
| 14. | Does maintenance person routinely walk premises to detect hazards? | | | | | Yes | No |
| | Are records kept? | | | | | Yes | No |
| 15. | Are tenants required to carry renters insurance? | | | | | Yes | No |
| 16. | Are Certificates of Insurance obtained? | | | | | Yes | No |
| 17. | Are any renovations planned or in progress? | | | | | Yes | No |
| | If yes, please describe: | | | | | | |

SECTION VI - WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

- | | | | |
|--|--|------|--------|
| 1. Fire Protection and Testing | | | |
| a. | Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No N/A |
| i. | If yes, approximately what percentage (%) of the building is sprinklered? | % | |
| ii. | If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe | Both | |
| iii. | If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes | No N/A |
| 1. | If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof): | | |
| iv. | If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? | Yes | No N/A |
| v. | If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No N/A |
| 2. Emergency Water Response (domestic and AS water lines) | | | |
| a. | Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No N/A |
| b. | Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No N/A |
| c. | Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No N/A |
| 3. Automatic Water Shutoff Devices | | | |
| a. | For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No N/A |
| 4. Unused/Vacant Spaces | | | |
| a. | Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No N/A |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists) | | | |
| a. | Are all domestic water lines located in areas heated to at least 45°F? | Yes | No N/A |
| i. | If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation): | | |
| 6. General Comments: | | | |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE 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 CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

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APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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.

APPLICABLE IN PENNSYLVANIA: 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.

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:
 Address of Applicant:
 City: State: Zip:
 Website: www:
 Nature of Operations:

1. Annual sales or revenue: \$

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)