

**RESIDENTIAL PROPERTY  
SUPPLEMENT**  
(Complete in addition to ACORD  
Application)

**PREQUALIFIERS - Risk(s) are ineligible if they include any of the following characteristics.**

	Yes	No
1. Greater than 150 units per location.	<input type="checkbox"/>	<input type="checkbox"/>
2. Greater than 10 stories or if over 6 stories and not 100% sprinklered with 2 means of egress.	<input type="checkbox"/>	<input type="checkbox"/>
3. Assisted living, elderly, nursing or convalescent home, fraternity or sorority house, or school.	<input type="checkbox"/>	<input type="checkbox"/>
4. Declared foreclosures, repossessions, bankruptcy (Chapters 7, 11 or 13) within the last 5 years.	<input type="checkbox"/>	<input type="checkbox"/>
5. Armed security guards (including but not limited to guns, Tasers or stun guns).	<input type="checkbox"/>	<input type="checkbox"/>
6. Swimming pools that have diving boards, are unfenced, gate that is not self-latching/closing and/or not in compliance with Virginia Graeme Baker Pool & Spa Safety Act.	<input type="checkbox"/>	<input type="checkbox"/>
7. Spas or whirlpools with no latching covers.	<input type="checkbox"/>	<input type="checkbox"/>
8. Fire or life safety violations in any building that has a residential occupancy.	<input type="checkbox"/>	<input type="checkbox"/>
9. Risks with 26 or more apartment units or schedule of 11 dwellings or more without a full time resident manager, owner occupied supervisor or full time management company, or local ownership with formal management and maintenance procedures in place.	<input type="checkbox"/>	<input type="checkbox"/>
10. Any risk that has restrictions imposed on the length of stay, including any risk that requires a guest/tenant to check out and reregister every 28-30 days.	<input type="checkbox"/>	<input type="checkbox"/>

Proposed First Named Insured & Other Named Insured(s):

Location:	1.
	2.
	3.
	4.
	5.

**GENERAL INFORMATION**

Where appropriate, use Y (Yes) or N (No)	Location 1	Location 2	Location 3	Location 4	Location 5
Number of Units					
Number of Stories					
Year Built					
Average monthly rent					
Is there a property manager?					
Is there a formal housekeeping & maintenance plan in place?					
Owner/manager lives on premises?					
Mercantile occupant? / % of space					
Describe mercantile operations.					
Percent rented as student housing					
Any short-term rentals, less than 12 months?					
If Yes, describe.					
Are tenants required to obtain insurance?					
Any swimming pools?					
Any spas or whirlpools?					
Any lakes or ponds?					
If Yes, is swimming permitted?					

Do you allow tenants to have dog(s) on premise? ☐ Yes ☐ No

If subcontractors perform renovations, janitorial, lawn care, snow removal and/or other maintenance services:

	Yes	No	N/A
a. Are certificates of insurance on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are coverage and limits equal to or greater than applicant's policy limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Recreational Facilities - Advise number, miles, acres or square feet, as indicated:** ☐ **N/A**

Baseball field	_____	Exercise Facilities	_____	Sauna	_____
Basketball court	_____	Ice skating	_____	Shooting range	_____
Beaches	_____	Lake/Pond (acres)	_____	Stable	_____
Bike trail (miles)	_____	Park (acres)	_____	Street/Road	_____
Boat dock/slip	_____	Playground	_____	Tennis court	_____
Clubhouse/Party room (Sq. ft.)	_____	Racquetball court	_____	Whirlpool	_____
Other (describe): _____					

**BUILDING INFORMATION**

Where appropriate, use Y (Yes) or N (No)	Location 1	Location 2	Location 3	Location 4	Location 5
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**Wiring:** Are any of the following electrical wiring in any buildings at the listed locations?

Federal Pacific Electrical Panels					
Aluminum Wiring/AlumiConn					
Knob-and-Tube Wiring					
Electrical Pigtail					
COPALUM					
Stab-Lock Circuit Breakers					
Zinsco Magnatrip Circuit Breaker Panels					
Fuses or Fuse stats					
Siemens Murray Breakers					
If Yes to any of the above, was the electrical system inspected by a licensed electrician within the past 12 months?	<b>A signed report by a certified electrician is required.</b>				

**Smoke Detectors/CO Detectors:**

Are there smoke detectors in common areas?					
a. Hardwired					
b. Battery					
Are there smoke detectors in units?					
a. Hardwired					
b. Battery					
Are there CO detectors?					

**Alarms:**

Local fire alarms					
Central station fire alarms					

**Sprinkler System:**

NFPA 13					
NFPA 13R					
Is the entire building sprinklered?					
Is system inspected by a sprinkler contractor annually?					

Where appropriate, use Y (Yes) or N (No)	Location 1	Location 2	Location 3	Location 4	Location 5
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#### Boilers:

Are there any boilers?					
Date of last inspection.					
Is regular cleaning required?					

#### Wood Stoves:

Are there any wood stoves?					
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#### SECURITY & MISCELLANEOUS ITEMS

- Is security provided? ☐ Yes ☐ No  
If Yes, type: ☐ Patrol ☐ Gated/Property Access ☐ Alarm Systems ☐ Security Cameras ☐ Locks
- Does the lease/rental agreement make any warranties with regards to security? ☐ Yes ☐ No  
If Yes, explain: \_\_\_\_\_
- Do windows contain security bars? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

  
If Yes, are they equipped with breakaway release mechanisms? 

<input type="checkbox"/>	<input type="checkbox"/>
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- Are there any doors or windows without deadbolts? 

<input type="checkbox"/>	<input type="checkbox"/>
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- Are there any railings with greater than 4-inch openings or any that are horizontal? 

<input type="checkbox"/>	<input type="checkbox"/>
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- If multi-unit complexes:
  - Are exits clearly marked? 

<input type="checkbox"/>	<input type="checkbox"/>
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  - Do front doors have door viewers or peepholes? 

<input type="checkbox"/>	<input type="checkbox"/>
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  - Are evacuation instructions clearly posted in the halls? 

<input type="checkbox"/>	<input type="checkbox"/>
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- Any building code violations in the past 5 years? ☐ Yes ☐ No If Yes, how many: \_\_\_\_\_
  - Any uncorrected violations? ☐ Yes ☐ No  
Describe: \_\_\_\_\_
  - Any Fire or Life Safety violations? ☐ Yes ☐ No  
Describe: \_\_\_\_\_
- Is grilling allowed on balconies? ☐ Yes ☐ No  
Type: ☐ Charcoal ☐ Propane ☐ Other: \_\_\_\_\_
- Any known or suspected construction defects? ☐ Yes ☐ No  
If Yes, describe: \_\_\_\_\_
- Any outstanding insurance company risk management recommendations? ☐ Yes ☐ No  
If Yes, describe: \_\_\_\_\_
- Are criminal background checks conducted on all employees? ☐ Yes ☐ No

#### IMPORTANT NOTICE

#### DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

#### SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		