

HABITATIONAL BUILDING SUPPLEMENTAL

To Be Attached To Fully Completed ACORD Applications / To Obtain A Quotation Or Coverage All Questions Must Be Answered

1. NAME OF APPLICANT: _____ SSN: _____
2. INSPECTION CONTACT: _____ PHONE: _____
3. INTEREST IN PREMISES: OWNER OCCUPIED OWNER NON-OCCUPIED TENANT
4. EXPIRING CARRIER: _____ EXP DATE: _____ PREMIUM: _____
5. NUMBER OF YEARS IN APARTMENT MANAGEMENT/OWNERSHIP: _____
IF LESS THAN 3 YEARS AT THIS LOCATION, LIST PREVIOUS EXPERIENCE: _____
6. ARE ALL UNITS OCCUPIED: YES NO IF "NO", HOW MANY ARE VACANT? _____
7. IS APPLICANT, OWNER OR CORPORATION NOW OR EVER INVOLVED IN: NONE
 BANKRUPTCIES FORECLOSURES TAX LIENS BUSINESS FAILURE ANY LITIGATIONS
IF YES, PLEASE EXPLAIN: _____
8. **BUILDING SECTION:** _____ PROTECTION CLASS: _____
YEAR OF BUILDING: _____ CONSTRUCTION: _____ NO. OF STORIES: _____
YEAR OF: WIRING: _____ PLUMBING: _____ HEATING: _____ ROOFING: _____
ADJACENT/ABUTTING EXPOSURES:
NORTH: _____ SOUTH: _____ EAST: _____ WEST: _____
SMOKE DETECTORS? YES NO IF YES ⇨ ELECTRIC BATTERY POWERED
FIRE ALARM? YES NO IF YES ⇨ TYPE: _____
BURGLAR ALARM? YES NO IF YES ⇨ TYPE: _____
SPRINKLER SYSTEM? YES NO IF YES ⇨ AGE: _____ TYPE: _____
CARBON MONOXIDE
DETECTORS? YES NO IF YES ⇨ AGE: _____ TYPE: _____
9. **SUPPLEMENTAL INFORMATION:**
- | | | |
|---|------------------------------|-----------------------------|
| COPPER WIRING AND CIRCUIT BREAKERS THROUGHOUT BUILDING? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| COPPER PLUMBING THROUGHOUT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY WOOD SHAKE ROOFING OR MANSARD? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY MARINAS, MARINA OPERATIONS OR BOAT SLIPS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY SENIOR HOUSING OR ASSISTED LIVING? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY STUDENT HOUSING? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY HUD OR SECTION 8? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

ADVANCED E&S GROUP – MIDWEST REGION

500 North Michigan Ave Suite 1039 Chicago, IL 60611 Phone: (312) 245-3000 Fax: (312) 245-3001
Website: <http://www.aesins.com> E-Mail: quote@advancede-s.com

9. **SUPPLEMENTAL INFORMATION (CONT'D):**

- ANY ASSISTED RENTAL HOUSING? YES NO
- ANY PRIOR CONSTRUCTION DEFECTS OR MOLD EVIDENCE UNCOVERED? YES NO
- ANY CHILD CARE OPERATIONS? YES NO
- ANY COMMERCIAL COOKING AND/OR COMMUNITY EATING AREAS? YES NO
- ANY ON-SITE MEDICAL STAFF AND/OR NURSE OR NURSES AIDE? YES NO
- ANY ON-SITE STORAGE OF CHEMICALS OR HAZARDOUS MATERIALS BY A TENANT? YES NO
- HVAC SYSTEM UNDER MAINTENANCE CONTRACT? YES NO
- ACT AS PROPERTY MANAGER FOR ANY PROPERTIES NOT INCLUDED IN THIS SUBMISSION? YES NO
- IS YOUR PROPERTY REQUIRED TO CARRY FLOOD INSURANCE? YES NO
- ANY UNDERGROUND PARKING? IF YES, SQ FT: _____ YES NO
- IS THERE A SWIMMING POOL? YES NO
- DO YOU HAVE A SERVICE CONTRACT FOR FIRE PROTECTION EQUIPMENT? YES NO
- DO YOU REQUIRE YOUR TENANTS TO PROVIDE INSURANCE FOR THEIR RENTAL UNITS? YES NO
- DO YOU REQUIRE YOUR COMMERCIAL TENANTS TO PROVIDE INS. FOR THEIR UNITS? YES NO
- DO YOU RUN BACKGROUND CHECKS ON TENANTS PRIOR TO RENTING? YES NO
- DO YOU HAVE MORE THAN 15% OF THE UNITS AVAILABLE FOR RENTAL LESS THAN AN ANNUAL TERM? IF SO, WHAT % _____ YES NO

10. **CLAIMS SECTION:**

LIST ALL CLAIMS FOR THE PAST FIVE (5) YEARS (MUST INCLUDE HARD COPY LOSS RUNS):

PROPERTY CLAIMS: _____

GENERAL LIABILITY CLAIMS: _____

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

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO FINES AND/OR IMPRISONMENT. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

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 REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF PRODUCING AGENT AGENCY NAME AND ADDRESS