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# HABITATIONAL BUILDING SUPPLEMENTAL

To BE ATTACHED To FULLY COMPLETED ACORD APPLICATIONS / To OBTAIN A QUOTATION OR COVERAGE ALL QUESTIONS MUST BE ANSWERED

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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?  YES  NO
- COPPER PLUMBING THROUGHOUT?  YES  NO
- ANY WOOD SHAKE ROOFING OR MANSARD?  YES  NO
- ANY MARINAS, MARINA OPERATIONS OR BOAT SLIPS?  YES  NO
- ANY SENIOR HOUSING OR ASSISTED LIVING?  YES  NO
- ANY STUDENT HOUSING?  YES  NO
- ANY HUD OR SECTION 8?  YES  NO

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## ADVANCED E&S INSURANCE UNDERWRITERS

430 West Erie Street Suite 510 Chicago, IL 60654 Phone: (312) 867-0505 Fax: (312) 867-0510

Website: <http://www.advancede-s.com> E-Mail: [quote@advancede-s.com](mailto: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