

HRF HABITATIONAL SUPPLEMENTAL APPLICATION

Instructions:

Please complete one application for each location. If there are 5 or more locations, then complete all common information on this application and provide additional information for each location on a separate spreadsheet. All questions must be answered. This application must be signed and dated by an owner, officer, or partner. Please read carefully the statements at the end of this application.

General Information

Named Insured:

Main Address:

Type of Ownership: Corporation Individual Partnership LLC

Year in Business:

Inspection Contact (Name/Phone/Email Address):

Website (if applicable):

Operation Overview

Type of Occupancy: Apartments Condominium Co-Op Town House

Any Commercial Tenants? If so, type?

Number of Locations:

Number of Units:

Does applicant perform background checks on employees and tenants?

Location Information

Total Square Footage:

Commercial Square Footage (if any):

Building Construction Type:

Number of Stories:

Location Information (cont.)

Original Year Built:

Age of Roof:

Age of Windows:

Electrical Update Year:

HVAC/Plumbing Update Year:

Occupancy

Does applicant have any elderly, disable or assisted living tenants?

If Yes, what percentage?

Does applicant provide any government or subsidized housing?

If Yes, what percentage?

Does applicant have any student renters?

If Yes, what percentage?

Any Air BnB operations?

If Yes, please explain:

Fire Safety

Type of wiring: Copper Aluminum

If Aluminum, pigtailed or CO/ALR?

Is the facility fully sprinklered?

If "No", what percentage is sprinklered?

Are there smoke alarms in each room?

If "Yes", Hardwired Battery

Does the building have a central station alarm?

If "Yes", is it connected to: Local fire dept? Outside monitoring service?

Is there emergency lighting in all common areas (including stairwells)?

Are there carbon monoxide detectors in each unit?

If "Yes", Hardwired Battery

Are there two means of egress from each floor?

If "No", please explain

Security

Are security guards onsite?

If Yes, please complete the following:

Who is responsible for providing security?

Are the security personnel:

- a. Employed?
- b. Off-duty police officers?
- c. Subcontracted?

If "Yes", are subcontractors required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured?

- d. Armed security

Provide days of the week security is on duty at applicant's location:

Provide hours security guard is on duty:

Are background investigations conducted on all employees who perform security duties?

Maintenance

Is there a Property Manager on site?

If so, what is their role in maintaining the premises?

Is maintenance performed by own employees or an outside subcontractor?

Is snow removal being performed?

If so, by own employees or an outside subcontractor?

Are there any construction or renovation projects in progress or planned during the coming year?

If "Yes", please explain:

Additional Exposures

Any swimming pools are onsite?

If Yes, complete the following:

of Pools:

Pool Hours:

Monday		Tuesday	
Wednesday		Thursday	
Friday		Saturday	
Sunday			

Is pool completely fenced?

If "Yes", are there self-closing and latching gates?

Are gates locked during non-pool hours?

Are there diving boards? slides?

Are rules posted?

Are there lifeguards on duty?

Are any of the following recreational facilities available to tenants:

Tennis courts	<input type="checkbox"/>	Volleyball Courts	<input type="checkbox"/>
Saunas/Spas	<input type="checkbox"/>	Clubhouse	<input type="checkbox"/>
Fitness center	<input type="checkbox"/>	Lakes/ponds/ocean access	<input type="checkbox"/>
Tanning beds	<input type="checkbox"/>	Bathing beaches	<input type="checkbox"/>
Convenience stores	<input type="checkbox"/>	Playgrounds	<input type="checkbox"/>
Kids/programs/day camps	<input type="checkbox"/>		

Miscellaneous

Are there any owned parking areas?

If "Yes", approximate square feet:

Are animals allowed on premises?

If "Yes", what breed and size restrictions are in place:

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Printed Name:

Signature:

Title:

Date:

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.