



DWELLING SUPPLEMENTAL APPLICATION

(You may complete one supplemental application for all locations. Locations should be identified on ACORD Application)

1. Named Insured: _____

2. How many total units are there? _____

For the below questions, if there are none, please enter "0".

a. How many are subsidized housing? _____
(i.e. low income, section 8/Hope VI, rent subsidies, tax credits, etc.)

b. How many are student housing? _____

c. How many are elderly housing or assisted living? _____

d. How many are vacant? If any, complete Vacant Building Supplemental Application _____

3. What is the average monthly rent? 1BR \$_____ 2BR \$_____ 3BR \$_____

Are any properties rented by the day or by the week? [] Yes [] No

4. Does any building have aluminum wiring, knob and tube wiring or fuses? [] Yes [] No

5. Have you had any building code violations in the past 5 years? [] Yes [] No

If yes, please describe and advise current status: _____

6. Are heat and smoke detectors in all the units? [] Yes [] No

Are they battery operated or hard-wired? _____

7. Are fire extinguishers on the premises? [] Yes [] No

8. Is there a pool? If yes, please complete the Swimming Pool Supplemental Application. [] Yes [] No

9. Is there any playground equipment or other recreational devices? [] Yes [] No

Describe the equipment/devices: _____

Is the equipment fenced? [] Yes [] No

Are rules for use clearly posted? [] Yes [] No

How often is maintenance performed? _____

10. Are any of the properties mobile homes? [] Yes [] No

If yes, how many? _____

11. Is the named insured involved in Residential Homebuilding or General Contracting operations? [] Yes [] No

12. Are any properties in foreclosure, receivership, bankruptcy or owned by a bank or have been within the past 5 years? [] Yes [] No

If yes, please describe: _____

13. Do you allow pets? [] Yes [] No

If yes, please describe pet policy: _____

Signature of applicant: _____

Date: _____