



# HABITATIONAL PROGRAM

Completion of this information will provide us with a clear image of the risk involved and help us in pricing matters as well as possible reinsurance needs. It may also, along with the requested pictures, eliminate the need to survey the location. We do not expect all risks to positively reflect these points and negative answers do not necessarily mean declination. We may need more information depending on the answers in some cases.

## SUBMISSION REQUIREMENTS FOR CALIFORNIA

- Fully completed accord application
- Fully completed Supplemental Questionnaire (attached)
- Four-years currently valued company loss runs
- Plot map, showing distance between buildings
- Minimum of 2 pictures for a small complex
- Minimum of 5 pictures for a large complex

## Habitational Program - Supplemental Underwriting Information

Insured: \_\_\_\_\_

Location: \_\_\_\_\_

- Yes  No Copper Wiring and Circuit Breakers throughout building?
- Yes  No Any wood shake roofing or mansard?
- Yes  No Any marinas, marina operations or boa slips?
- Yes  No Any senior housing or assisted living?
- Yes  No Any student housing? If YES, what is the percentage? \_\_\_\_\_%
- Yes  No Any HUD, Section 8 or assisted rental housing? If YES, number of units receiving such aid: \_\_\_\_\_.
- 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 Copper plumbing throughout?
- Yes  No HVAC Systems under maintenance contract?
- Yes  No Do you, as the named insured, act as a property management firm for properties not included in this submission?
- Yes  No Is your property required to carry Flood Insurance?
- Yes  No Any underground parking? If YES, please advise area: \_\_\_\_\_ sq. ft.
- Yes  No Are stair and landing rail bars spaced 4" or less?

Yes  No Are you the developer or builder of the property to be insured or any other property? If YES please advise carrier and policy number covering this exposure:

\_\_\_\_\_

Yes  No Do you have a service contract for fire protection equipment at the property?

Yes  No Do you require your tenants or condo-owners to provide insurance for their Rental/Condo unit?

Yes  No Do you run background checks on tenants prior to renting?

Yes  No Smoke Detectors in all units? Are smoke detectors  Battery or  Hard-Wired

Yes  No Number and type of fire extinguishers on the premises: \_\_\_\_\_

Yes  No Do the apartments/condominiums have balconies?  
If YES: Please provide date of last inspection for dry rot: \_\_\_\_\_  
Please provide documentation of inspection for our files.

Yes  No Is Barbequing with gas or charcoal restricted on all balconies?  
If YES how is this communicated to unit owners/tenants? \_\_\_\_\_

Yes  No Are there any of the following recreational facilities:

Yes  No Basketball Court?

Yes  No Exercise or Weight Roomss?

Yes  No Picnic Areas?

Yes  No Racquetball Courts?

Yes  No Sauna's

Yes  No Is there a Pool? If YES:

Yes  No Is it fenced with self latching gates?

Yes  No Is there a diving board?

Yes  No Any Security Guards? If YES are they:  Armed  Unarmed

**The applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

**Completion of this form does not bind coverage or commit the Company to policy issuance.**

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or file a claim containing a deceptive statement is guilty of insurance fraud.**

**Applicant:** \_\_\_\_\_ **Producer:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_