



Dwelling Supplemental

Note: Incomplete/unsigned applications are not acceptable

NAME		STREET	
CITY	STATE	ZIP	
YEAR BUILT	NUMBER OF BUILDINGS	NUMBER OF STORIES	NUMBER OF UNITS
SQUARE FOOTAGE	ANNUAL RENTAL INCOME \$	OCCUPANCY RATE %	
CONSTRUCTION TYPE		SPRINKLERED %	
TYPE OF WIRING		IF ALUMINUM, UPDATED? YES/NO? YEAR UPDATED	
DESCRIBE PROPERTY MAINTENANCE/UPDATES/RENOVATIONS			
LIST SPECIAL HAZARDS (BOATS, DAY CARE, LAKES, OTHER RECREATIONAL FACILITIES)			
CHECK LIST			
1. SMOKE DETECTORS IN EACH UNIT?		<input type="checkbox"/> YES <input type="checkbox"/> NO	BATTERY? <input type="checkbox"/> HARDWIRED? <input type="checkbox"/>
2. HUD/SUBSIDIZED/ASSISTED LIVING?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. STUDENT RENTAL?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", % OF TOTAL UNITS %
4. ANY PRIVATE SWIMMING POOLS			
5. ARE TENANTS SCREENED PRIOR TO LEASING?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. ARE SUBCONTRACTORS USED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF "YES", DESCRIBE OPERATIONS			
ARE CERTIFICATES OF INSURANCE REQUIRED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
LIMITS EQUAL TO INSURED'S PRIMARY POLICY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMING CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES, NOT APPLICABLE IN CO, HI, OH, OK, IN, ME, AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

APPLICANT'S SIGNATURE: _____ DATE _____

TITLE (OFFICER): _____

AGENT'S SIGNATURE: _____ DATE _____