

Habitational Supplemental Information



email: info@uigusa.com phone: 800.385.9978

The Agent Agency

1. Insured Legal Name: _____ Website: _____

2. Complex Name: _____

3. **Primary** Address: _____
(Street) (City) (State) (Zip) (County)

4. Type: Apartment Condo Townhome Single Family Other (select all that apply)

5. Number of Buildings: _____ Number of Units: _____ Number of Stories: _____ (Attach SOV spreadsheet with application)

6. Years in Business: _____

7. Any other commercial occupancies? Yes No If **YES** describe: _____

8. Minimum distance between buildings: _____ (feet) Plot plan attached: Yes No

9. Year Constructed: _____ Total Square Feet: _____ (Attach SOV)

10. Fire Protection Information

a. Are there smoke detectors? Yes No

b. Smoke detectors are: Battery Hardwired

c. Smoke detectors are located: Every Unit Hallway (select all that apply)

d. Are there fire alarms? Yes No

If **YES**, are they central station (connected to Third Party Security Firm & Fire Department?) Yes No

e. Are tenants allowed to use grill or other outdoor cooking device on or under wood decks? Yes No

11. % of Buildings sprinkered: _____ %

12. Public Protection Class: _____

13. Roof Information

a. Roof Type: Composition Wood Shingle Non-combustible

b. Roof Slope: _____

c. Age of Roof: _____

14. Wiring Type: Copper Aluminum Pigtail Co/ARL Fuses Knob & Tube

15. Year of Updates: Wiring: _____ Roof: _____ Heating: _____ Plumbing: _____

16. Values: Buildings: \$ _____ Contents: \$ _____ Rents: \$ _____ Other: \$ _____

17. **Occupancy Information**

- a. Occupancy Rate: _____%
- b. Number of vacant buildings: _____
- c. Number of vacant units: _____
- d. Occupants:
 - Government Subsidized: Yes No _____%
 - Senior Housing Yes No _____%
 - HUD Yes No _____%
 - Assisted Living Yes No _____%
 - Student Housing Yes No _____%
 - Other Special Housing Yes No _____% Describe: _____
- e. Type of Area: Stable Improving Deteriorating
- f. Neighborhood: Residential Commercial Industrial Mixed
- g. Type of Tenants: Upper Income Middle Income Low Income

18. **Rental Information**

- a. Average Monthly Rents (Apartments/Condos)
 - 1 Bedroom: \$ _____ 2 Bedroom: \$ _____ 3 Bedroom: \$ _____
- b. Average Monthly Rents (Townhomes/Single Family Dwellings)
 - 1 Bedroom: \$ _____ 2 Bedroom: \$ _____ 3 Bedroom: \$ _____ Other: _____
- c. Security Deposit Amount required: \$ _____

19. **Management**

- a. On-site Management Yes No
- b. Self Managed Yes No
- c. Real Estate Managed Yes No If **YES**, name of Real Estate Firm _____
- d. Program Managed Yes No If **YES**, name of Management Firm _____

20. **Security**

- a. Are peep hole in doors? Yes No
- b. Are entrances to the building(s) locked at all times? Yes No N/A
- c. Security Guard on duty? Yes No
- d. Security Guard armed? Yes No N/A
- e. Security Dead Bolts? Yes No

21. **Eviction History**

- a. Evictions last 12 months: _____
- b. Evictions previous 12 months: _____
- c. Are locks changed immediately upon tenant change? Yes No
- d. Is a written procedure in place for evictions that addresses processing eviction and securing/safeguarding premise after eviction is complete? Yes No

22. **Lease Information**

- a. Do all tenants receive and sign lease? Yes No
- b. Are lease terms allowed for less than 1 year? Yes No
- c. Attach a copy of lease

23. **Loss Information**

- a. Number of Property Claims last 5 years _____
- b. Number of Liability Claims last 5 years _____
- c. Number of Assault & Battery incidents last 5 years _____

24. **Recreation Areas**

- a. Basketball Court Yes No Number _____
- b. Tennis Court Yes No Number _____
- c. Playground Equipment Yes No
- d. Exercise Room Yes No
- e. Sauna Yes No
- f. Other: _____

25. Swimming Pool(s) Yes No Hours from _____ to _____

- a. Fenced with self-closing/locking gates? Yes No
- e. Are rules clearly posted? Yes No
- b. Is there a "Swim at your own risk" sign? Yes No
- f. Are there depth markings? Yes No
- c. Is there a dive board or slide? Yes No If **YES**, heights _____
- d. Life Guard on duty? Yes No

26. **Laundry Facilities**

- a. Laundry facilities in individual units Yes No
- b. Community Laundry facility Yes No
- c. If community laundry facility, is a placard to Remove Lint Posted? Yes No
- d. If community laundry facility, is a fire extinguisher #10 installed? Yes No

27. **Building & Grounds Maintenance**

- a. Lawn Maintenance: Maintained by Insured Lawn Service Tenant
- b. Tree Maintenance: Maintained by Insured Lawn Service Tenant
- c. Snow/Ice Service (driveways, parking lots & sidewalks): Maintained by Insured Lawn Service Tenant

28. Inspection Contact Information:

- a. Contact Name: _____
- b. Contact Phone Number: _____
- c. Contact Email Address: _____

29. Expiring Carrier: _____

30. Expiring Property Premium: \$ _____ Expiring GL Premium: \$ _____

31. Are CURRENT VALUED 5 year hard copy loss runs included? Yes No

Notice:

In submitting this Application, the undersigned certifies and agrees that:

1. The representations in this Application and all attachments are true and complete as of the date submitted;
2. The Insurance Company and its Agent(s) may, and is intended to, rely upon those representations in determining whether to issue insurance coverage and, if so, at what premium and upon what terms.
3. Upon any change in circumstances which bear upon the accuracy or completeness of the undersigned's representation herein, he/she shall notify the Insurance Company or its Agent(s) immediately in writing and such notice shall become a part of this Application.
4. The Insurance Company may change the quoted premium and/or the terms of any coverage if, subsequent to the submission of this Application, it becomes aware of any such circumstances, whether by notice from the undersigned or otherwise;
5. Upon submission of this Application and at any time thereafter, the undersigned shall make available to the Insurance Company and its Agents access to the premises and operations to be insured for an inspection and copies of the last four (4) calendar quarters of sales tax returns.

Insured Name: _____ Title: _____

Insured Signature: _____ Date: _____

Agent Name: _____ Agent Signature: _____

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