

Rental Dwelling Supplemental Application

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____
 Location _____
 Address(es): _____
 Website Address: _____

GENERAL INFORMATION

1. Total # of dwellings: _____ # of 1-family dwellings: _____ # of 2-family dwellings: _____
 # of 3-family dwellings: _____ # of 4-family dwellings: _____
2. Year(s) the dwelling(s) was/were built: _____
3. Do you occupy any of the one-family dwellings? Yes No
4. When were major dwelling components last updated (e.g., electrical, plumbing, roofing)? _____
5. Number of floors of dwellings: _____
6. What leasing terms do you offer? (Check all that apply.) Daily Weekly Monthly Annual
7. Are any dwellings currently under renovation? Yes No
8. Have any dwellings had a backup of sewage in the past 12 months? Yes No
9. Are there any outstanding building code violations? Yes No
10. Are renters required to carry personal liability insurance? Yes No
11. Do you use the services of a third-party property manager? Yes No
 - a. If Yes, Does the real estate property management company require that they be listed as a named insured on your insurance policy? Yes No
12. Are any dwellings in foreclosure? Yes No

USE AND OCCUPANCY

1. Is any dwelling used as or occupied by: Yes No
 - a. A fraternity or sorority house? Yes No
 - b. An assisted living or similar facility? Yes No
 - c. A nursing or convalescent home? Yes No
 - d. A halfway house? Yes No
2. How many dwellings are:

Vacant? _____ Undergraduate Student Housing? _____ Graduate Student Housing? _____
 Senior Housing? _____

SAFEGUARDS AND SECURITY

1. Do any dwellings have wood-burning, corn-burning or pellet-burning stoves? Yes No
2. Do you allow the use of grills or other cooking appliances on balconies? Yes No
3. Are pets allowed? If yes: Yes No
 - a. Do you have a written pet policy? Yes No
 - b. Does the policy prohibit aggressive dog breeds? Yes No
 - c. Does the policy require all dogs to be leashed while on common grounds other than fenced, designated off-leash areas? Yes No
4. Are the individual dwellings equipped with operational smoke detectors? If yes: Yes No

Hardwired Battery

5. If a dwelling has gas utilities, is it equipped with carbon monoxide detectors? If yes: Yes No
 Hardwired Battery
6. Are dwellings equipped with: Yes No
- a. Aluminum wiring Yes No
 - b. Knob and tube wiring? Yes No
 - c. Removable electrical fuses? Yes No
 - d. Federated Pacific brand circuit breakers? Yes No
7. Are all dwellings equipped with fire extinguishers? Yes No
8. If any window bars, are all bars equipped with a functioning, quick-release latch? Yes No

AMENITIES AND ADDITIONAL EXPOSURES

1. Do you have coin-operated laundry machines? Yes No
a. If yes, what are the gross sales? N/A \$ _____
2. Do you have a swimming pool or hot tub at any dwelling? Yes No

***This exposure requires the completion of an additional supplemental application.**

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Date _____