



HABITATIONAL SUPPLEMENT TO ACORD APPLICATIONS

Account Information

Named Insured: _____

Location: _____

Property Management Company / Managing Agent: _____

Email Address for Inspection: _____

Documents Required

For every application, please send the following documents (as applicable to condominiums, cooperatives, etc.):

For all Properties:

- ☐ Deeds/Ground Leases;
- ☐ All leases for each commercial or office tenant in the building;
- ☐ Current house rules;
- ☐ Insurance requirements for unit owners/shareholders/tenants;
- ☐ Current form of the alteration agreement the insured uses;
- ☐ All alteration agreements that are currently in effect;
- ☐ Contractor insurance requirements;
- ☐ Documented Emergency Plan

For Condominiums:

- ☐ Full declaration with all amendments;
- ☐ Offering Plan/Master Deed;
- ☐ Current By-Laws

For Cooperatives:

- ☐ Articles of Incorporation;
- ☐ Organizational Agreement;
- ☐ Current form of the proprietary lease;
- ☐ By-Laws

For Rental Apartments:

- ☐ Copy of lease, sublease, or any other short-term occupancy agreement



Risk Information

of Building(s): _____ # of Units: _____ (separate out if multiple buildings)

of Sponsor-owned Units: _____

Occupancy: ☐ Rental ☐ Coop ☐ Condo ☐ Cond-op

Percentage of units that are regularly occupied: _____%

Are there any vacant units? ☐ Yes ☐ No If yes, what percentage? _____%

Short Term Rentals (less than 1 year): ☐ Yes ☐ No Are sublets permitted? ☐ Yes ☐ No

Construction Type:

of Stories: _____

Year Built: _____

Year Gut Renovated: _____ (Please add any details in cover email or supporting documents as to what the renovation entailed.
Were all mechanicals including electrical and plumbing completely removed and replaced? Were sewer drains and sewer pipes leading to
main city drains removed/replaced?): _____

Major updates to mechanical systems (year): Plumbing: _____ HVAC: _____ Roof: _____ Electric: _____

Is there any exterior EIFS cladding? ☐ Yes ☐ No If so, what % of the building? _____

Square footage of roof: _____

Year of last roof inspection: _____

Year of last water/cooling tower inspection: _____

Year of last gas system inspection: _____

Year of last boiler inspection: _____ By whom? _____

Who maintains all building equipment? _____

If in NYC, year of last Local Law 11 inspection: _____

Elevators? ☐ Yes ☐ No

of passenger elevators: _____ # of freight elevators: _____

Maintenance Program: ☐ Yes ☐ No

Year of last elevator inspection: _____ By whom? _____



Additional Building Information

Formal Winterization Program in Place? ☐ Yes ☐ No

If Yes, please provide specifics: _____

Is heat maintained to a minimum 60 degrees in vacant or unsold units? ☐ Yes ☐ No

Who is responsible for verification? _____

Electrical System: ☐ Fuses ☐ Circuit Breakers ☐ If Both, What % of each? _____

Are There Any Federal Pacific electric Stab-Lok panels in the building? ☐ Yes ☐ No

Is aluminum wiring present? ☐ Yes ☐ No

Is the building sprinklered? ☐ Yes ☐ No If Yes, what % of Building Sprinklered? _____

If yes, is sprinkler system NFPA 13 or 13R? _____

Is the floor over the basement Fire Resistive? ☐ Yes ☐ No Are the stairwells enclosed? ☐ Yes ☐ No

Are standpipes in stairwells? ☐ Yes ☐ No

Is there emergency lighting in stairwells? ☐ Yes ☐ No

Are utility shut-offs accessible? (gas, electrical and water) ☐ Yes ☐ No By Whom? _____

Does each unit have 2 means of egress? ☐ Yes ☐ No

Are there exterior fire escapes? ☐ Yes ☐ No

Is there an annunciator Panel? ☐ Yes ☐ No

Fire Alarms: ☐ Central Station ☐ Local

Fire Alarms Located: ☐ Common Areas Only ☐ Inside Units Only ☐ Both

Smoke detection systems: ☐ Hard wired ☐ Battery

If Hard wired, do the alarms sound to the front desk? ☐ Yes ☐ No

Doorperson: ☐ Yes ☐ No If Yes, Hours: ☐ 24 ☐ 16 ☐ 12 Other: _____

Burglar Alarm on all unattended entries? ☐ Yes ☐ No

Other Security: ☐ TV Monitors ☐ Intercom ☐ Buzzer ☐ Virtual Doorman ☐ Motion Detectors ☐ Camera Surveillance

Resident superintendents, building manager or engineer? _____

If non-resident, where does he/she live? _____

Commercial occupancy: ☐ Yes ☐ No If Yes, # of square feet: _____

List all commercial tenants: _____

Does building have a school, religious institution, or daycare onsite? ☐ Yes ☐ No

If Yes, separate entrance? ☐ Yes ☐ No

Professional Offices: ☐ Yes ☐ No # of units: _____ If Yes, separate entrance? ☐ Yes ☐ No

Parking on Premises: ☐ Yes ☐ No If Yes, ☐ Indoor ☐ Outdoor ☐ Both Sq. Footage: _____



Is parking private or open to the public? _____

Does Building run the garage or outside operator? _____

If outside, please attach a copy of the GL/Garage Keepers insurance policy covering the garage as well as the agreement permitting the outside operator to run the garage (lease, contract, etc.): _____

Are e-bikes allowed in units or garage? ☐ Yes ☐ No

Is the garage or premise(s) equipped with electric vehicle (EV) charging station(s)? ☐ Yes ☐ No If yes, please answer the following questions:

When was the electric vehicle charging station(s) installed? _____

Was the electric vehicle charging station(s) installed by the condominium/cooperative, or a shareholder/unit owner for that shareholder/unit owner's personal use? _____

Is it indoors? ☐ Yes ☐ No

Provide the make and model for the electrical vehicle charging station: _____

Does the electric vehicle charging station(s) have a chemical fire suppression system? ☐ Yes ☐ No

Who is responsible for maintaining those stations and repairing them if necessary? _____

Is there a program in place to inspect and maintain the electric vehicle charging station(s) as needed? ☐ Yes ☐ No

If there are no stations, does the insured intend to install a station or stations in the next year (or during the next policy period)? ☐ Yes ☐ No

Amenities

Exercise Room: ☐ Yes ☐ No

Equipment maintained by a third Party? ☐ Yes ☐ No

Swimming Pool: ☐ Yes ☐ No If Yes, ☐ Diving Board ☐ Slide

Location of Pool: _____

Is the depth of the pool clearly marked ☐ Yes ☐ No Maximum Depth: _____

Lifeguard available: ☐ Yes ☐ No Is Lifeguard an employee of the building? ☐ Yes ☐ No

Jacuzzi / Whirlpool: ☐ Yes ☐ No Emergency Shut-off available: ☐ Yes ☐ No

Sauna: ☐ Yes ☐ No Emergency Shut-off available: ☐ Yes ☐ No

Other Amenities: _____

Additional Information

Are the following risk transfer procedures in place before any work is permitted to begin at the Building on any project, regardless of size?

☐ Yes ☐ No Obtaining written contracts from all contractors that enter the building with requirements that the Building is named as an additional insured on each Contractor's policy and where the



Contractor agrees to defend and indemnify the Building with the language *“to the fullest extent permitted by law”* before any work begins.

- ☐ Yes ☐ No Obtaining alteration agreements from all unit owners, tenants, and shareholders performing work in their units or at the building before any work begins.
- ☐ Yes ☐ No Obtaining complete insurance policies for all contractors, tenants, shareholders, and unit owners, performing work for or at the Building including declaration sheets, endorsements, and all exclusions before any work begins.

Are individual unit owners permitted to hire their own contractors without board approval and without signing alteration agreements? ☐ Yes ☐ No

Does the association or independent property management firm hire contractors? ☐ Yes ☐ No

If yes, does the Insured or Property Manager collect the documents referenced in the first paragraph above, including copies of insurance policies, with the declaration sheet, all endorsements, and exclusions before work commences? ☐ Yes ☐ No

If yes, is the Insured named as an Additional Insured? ☐ Yes ☐ No

Does the Insured or Property Manager utilize a standardized work contract that includes a hold harmless and indemnification provision providing for a complete defense and indemnification of the Building with the critical phrase *“to the fullest extent permitted by law”*? ☐ Yes ☐ No (Please attach)

Has the coop/condo/apartment agreed to waive subrogation against its unit owners/shareholders/tenants for any loss in the building? ☐ Yes ☐ No

Does the coop/condo/apartment require its unit owners/shareholders to carry homeowner’s insurance? ☐ Yes ☐ No

If so, what are the minimum amounts required per unit? _____

Is the building responsible for sidewalk cleaning? ☐ Yes ☐ No

Is the building responsible for structural sidewalk maintenance? ☐ Yes ☐ No If No, who is responsible? _____

If yes, last time the sidewalk was repaired, modified, or replaced? _____

What insuring agreement is in the building/association declaration, by-laws and/or proprietary lease?

- ☐ Bare Walls: Buildings and structures only. No coverage for units
- ☐ Single Unit: Building, structures, and units on original specification basis
- ☐ All – In: Building, structures, and units on additional installation basis

Have the by-laws, proprietary lease, or Master Deed been amended to reflect a change in the insurance requirements? ☐ Yes ☐ No

If Yes, please explain: _____

PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE COMPLETING SUPPLEMENTAL APPLICATION

DATE

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”
NOTICE TO NEW YORK APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”
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, INFORMATION 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, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied). “The Applicant represents and warrants to the Company that the product being sought by the applicant under the application for insurance is not being obtained primarily for personal, family or household purposes.”