

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? _____%

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: _____

Property Information

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 cladding with EIFS, Composite Panels, Combustible Foam Core, or Insulated Panels?

Yes No

If so, what % of the building? _____

Is there any aluminum or metal siding? Yes No

Square footage of roof: _____

Year of last roof inspection: _____

Are there any photo voltaic panels? _____

Year of last water/cooling tower inspection: _____

Are there any on site cisterns for storm water collection? Yes No

If so, where is it located? _____

What is it's total capacity? _____

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: _____

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? _____

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

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

Liability Information

Elevators? Yes No

of passenger elevators: _____ # of freight elevators: _____

Are any elevators owned by unit owners? Yes No

Maintenance Program: Yes No

Year of last elevator inspection: _____ By whom? _____

Does each unit have 2 means of egress? Yes No

Are there exterior fire escapes? 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

How long is security footage retained? _____

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, is there a 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.):

Amenities

Exercise Room: Yes No Equipment maintained by a third party? Yes No

Swimming Pool: Yes No If Yes, Diving Board Slide

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 contactors 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? _____

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."