

# Supplemental Application for Habitational or Lessors Risk



**Steadfast Insurance Company**  
Dover, Delaware  
Administrative Offices: 1400 American Lane,  
Schaumburg, Illinois 60196-1056

1. Name: \_\_\_\_\_
2. Location: \_\_\_\_\_
3. Age: \_\_\_\_\_ Years Owned By Insured: \_\_\_\_\_
  - A. If Over 15 Years, Need Year Of Updates:  
Roof: \_\_\_\_\_ Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_
  - B. Any Periodic Check Of Stairs, Balconies, Etc.?  Yes  No
4. Occupancy: \_\_\_\_\_ % Less Than 90%, Explain: \_\_\_\_\_
  - A. Any Government Subsidized Housing \_\_\_\_\_ %
  - B. Any Student Housing \_\_\_\_\_ %
  - C. Any Elderly or Assisted Housing? \_\_\_\_\_ %  
Are any services or additional care provided to residence?  Yes  No  
Are units equipped with emergency call buttons or pull cords?  Yes  No  
If yes, describe procedures for when an alarm is sounded.  
\_\_\_\_\_
  - D. Management On Site?  Yes  No
  - E. Maintenance On Site?  Yes  No
  - F. Are Property Walks conducted?  Yes  No
5. Building Construction: \_\_\_\_\_ Roof Construction: \_\_\_\_\_
  - A. Number Of Stories? \_\_\_\_\_  
If Over Three (3) Stories, Are Interior Stairways Enclosed And  
Equipped With Self-Closing Fire Doors On Each Floor?  Yes  No  
Are Buildings Equipped With Firewalls?  Yes  No  
Vented Stairwells?  Yes  No  
Are Buildings Equipped with Parapet Walls (Firewalls extending  
through roof to stop fire spread) ?  Yes  No  
Is Building Sprinklered?  Yes  No  
If yes, What Percentage of Building is Sprinklered? \_\_\_\_\_
  - B. What is the Fire Protection Class? \_\_\_\_\_
  - C. Square Footage: \_\_\_\_\_
6. Number Of Buildings: \_\_\_\_\_ Number Of Units: \_\_\_\_\_

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7. Type Of Wiring: \_\_\_\_\_ If Aluminum, Updated?  Yes  No
- A. If Aluminum, Are All Receptacles And Switches Fixed Using The CopAlum Crimp Method?  Yes  No
8. Smoke Alarm?  Yes  No
- Battery:  Yes  No
- Hardwired?  Yes  No
- Kitchen Area?  Yes  No
- Hallway Leading To Bedroom?  Yes  No
- Common Interior Hallways & Stairways?  Yes  No
- Other Smoke Alarm? \_\_\_\_\_
9. Swimming Pool(s)?  Yes  No If **YES**, How many pools? \_\_\_\_\_
- A. Pool(S) Fenced?  Yes  No
- B. Self-Closing And Locking Gate?  Yes  No
- C. Pool Rules Posted?  Yes  No
- D. Diving Board(S) or Slide(s)?  Yes  No
- If yes, height of board(s)/ slide(s) \_\_\_\_\_
- E. Lifesaving Equipment (I.E. Life Ring, Shepherds Hook) In Pool Area?  Yes  No
- F. Pool Depths Marked  Yes  No
- G. Lifeguard ?  Yes  No
10. Tennis Courts?  Yes  No If Yes, How Many? \_\_\_\_\_
11. Other Recreational Facilities?  Yes  No Provide Full Details: \_\_\_\_\_
- 
12. Are Other Recreational Facilities (Clubhouse) Available for Rent?  Yes  No
- If yes, is proof of liability insurance required by renter of Recreational Facilities?  Yes  No
13. Entire Property Fenced?  Yes  No Automatic Access Gate?  Yes  No
15. Are Tenants Screened Prior To Leasing?  Yes  No
- If yes, A. Credit Check?  Yes  No B. Criminal Checks?  Yes  No
16. Are Employees Screened ?  Yes  No
- If yes, A. Credit Check?  Yes  No B. Criminal Checks?  Yes  No
17. Are Tenants required to carry renters insurance?  Yes  No
18. Crime And Vandalism In Neighborhood: High \_\_\_\_\_ Medium \_\_\_\_\_ Low \_\_\_\_\_
19. Are Tenants Informed Of Crime And Vandalism Activity?  Yes  No
20. Are There Any Regular News Bulletins Issued By Insured?  Yes  No
21. Do more than 10% of the locations have a senior population (65 + years old) greater than 40% of the total population ?  Yes  No
22. Do any of the locations have assisted living facilities ?  Yes  No
23. Do more than 10% of the locations have a playground on the property?  Yes  No
- If Yes, How Is It Secured? \_\_\_\_\_
24. Type Of Playground Surface (i.e., Asphalt, Grass, Sand)? \_\_\_\_\_
25. Are more than 10% of the owned or leased buildings more than 50 years old?  Yes  No

26. Does the risk own but not manage more than 70% of the properties?  Yes  No
27. Are more than 70% of the building over 2 stories fire resistant?  Yes  No
28. Are more than 70% of the buildings over 2 stories sprinklered?  Yes  No
29. Are more than 10% of the locations higher than 10 stories?  Yes  No
30. If there are retail tenants are more than 10% of the locations open 24 hours?  Yes  No
31. Were any buildings built before 1979 and currently occupied or used by children or youth?  Yes  No
32. Is there exposure to natural disaster (earthquake, hurricane, etc.) at more than 10% of the locations?  Yes  No
33. Do more than 20% of locations have a pool, beach or other body of water?  Yes  No
34. Is there a retention pond on more than 25% of the properties?  Yes  No
35. Does the risk have security guard services at more than 50% of their premises?  Yes  No
- A. Are security staff employees of Insured?  Yes  No
- B. Is security subcontracted?  Yes  No
- C. If subcontracted, are Certificates Of Insurance obtained and are you named as Additional Insured?  Yes  No
- D. Days of Week? \_\_\_\_\_ Hours on Duty? \_\_\_\_\_
- E. Annual Cost of Subcontracted Security Guard or Annual Payroll if Employed: \_\_\_\_\_
- F. Provide Details on Security Guard (Off-duty police / on-duty police): \_\_\_\_\_
- G. Are the security guards armed?  Yes  No
- H. Does the risk use guard dogs at any of their premises?  Yes  No
36. Do any locations have underground parking, multi-story parking or large surface parking facilities? (Increased premises security exposures-assaults, etc.)  Yes  No
37. Is any work subcontracted?  Yes  No  
If yes, what type of work \_\_\_\_\_
38. Does the risk require all contractors and subcontractors to provide evidence of liability insurance limits equal or greater than its own?  Yes  No

How many years have you been in business under the present name?	YES	NO
Does each floor have at least two properly marked exits?	<input type="checkbox"/>	<input type="checkbox"/>
Are these exits directly to the outside? If not, explain.	<input type="checkbox"/>	<input type="checkbox"/>
Are all interior stairwells completely enclosed with a noncombustible material?	<input type="checkbox"/>	<input type="checkbox"/>
Does the sprinkler system have a "water flow alarm" connected to a recognized central station facility or a fire or police department which is manned 24 hours a day? If not, explain.	<input type="checkbox"/>	<input type="checkbox"/>
Is there a watchman using a portable clock marking bi-hourly tours of the building during non-daylight hours and weekends? If not, explain.	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Is there a restaurant located on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
Is it on the top floor?	<input type="checkbox"/>	<input type="checkbox"/>
Is it below ground?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a fire suspension system over 100% of the cooking area? If not, explain.	<input type="checkbox"/>	<input type="checkbox"/>
Is the restaurant equipped with an automatic sprinkler system? If not, explain.	<input type="checkbox"/>	<input type="checkbox"/>
Are there signs of drug or gang activity on or near the properties?	<input type="checkbox"/>	<input type="checkbox"/>
Has the properties experienced any criminal activity regardless if such activity led to the reporting of a formal claim?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Lead exposures</b>	YES	NO
Have any of the above listed buildings undergone lead abatement or lead hazard control? If so, attach copy of report.	<input type="checkbox"/>	<input type="checkbox"/>
List for each of the above listed buildings whether there has been a lead survey or other environmental assessment and attach copies if reduced to writing.		
Has there been any lead liability losses?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any statutes, standards or other city, state or federal regulations relating to lead contamination or lead poisoning prevention with which you are not in compliance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been prosecuted for contravention of any standard or during the last 5 years law relating to lead contamination or lead poisoning prevention?	<input type="checkbox"/>	<input type="checkbox"/>

Describe all procedures for responding to tenant complaints.					
Describe all procedures, including inspections made of each unit, that are followed when a tenant vacates a unit.					
Are tenants required to carry insurance in your favor for liability exposures?	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				

### APPLICATION WARRANTY

This application shall not be binding unless and until a policy shall be issued and then only as of the effective date of said policy and in accordance with all terms thereof and the said Applicant hereby covenants and agrees that the foregoing statements and answers are just, full and true exposition of all the facts and circumstances with regard to the risk to the insured, insofar as same are known to the Applicant, and the same are hereby made the basis and a condition of the insurance, and warranty on the part of the insured.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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