

	<b>James River Insurance Company and its Subsidiaries</b> 6641 West Broad Street, Suite 300 Richmond, VA 23230	<b>Habitational Supplemental Application</b>
		<b>GENERAL CASUALTY Division</b> Email to <a href="mailto:GC@jamesriverins.com">GC@jamesriverins.com</a> or, Fax to 804-287-2814
<b>APPLICANT'S INSTRUCTIONS:</b> <ol style="list-style-type: none"> <li>1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.</li> <li>2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.</li> <li>3. Please read the statements at the end of this application carefully. Thank you!</li> </ol>		

## HABITATIONAL SUPPLEMENTAL APPLICATION

Applicant's Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Type of ownership:  Corporation  Individual  Partnership  Other \_\_\_\_\_

Area of risk:  Metro City  Suburb  Rural

### GENERAL INFORMATION (Please complete one application for each location)

Number of stories: \_\_\_\_\_ Number of units: \_\_\_\_\_

Type of occupancy:  Apartments  Condominium Association  Homeowners Association

Sprinklered?:  Yes  No If yes, what percentage is sprinklered? \_\_\_\_\_

Number of buildings: \_\_\_\_\_ Elevators?:  Yes  No

If yes, is there an elevator maintenance agreement in place with a licensed contractor?:  Yes  No

Year built: \_\_\_\_\_ Number of years you have owned this premises: \_\_\_\_\_

Building Construction: \_\_\_\_\_

Updates: Roof \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_

Any owned parking areas?:  Yes  No If yes, approximate sq. feet: \_\_\_\_\_

Are animals allowed on premises?:  Yes  No

If yes, what breed and size restrictions are in place?: \_\_\_\_\_

Do you perform background checks on employees and tenants?:  Yes  No

Do you have a formal eviction policy in place?:  Yes  No

If yes, please submit a copy with this completed application.

**OCCUPANCY**

- Any elderly, disabled or assisted living?:  Yes  No  
 If yes, what percent?: \_\_\_\_%
- Any meals provided for residents?:  Yes  No
- Do you provide transportation for residents?:  Yes  No
- Are there pull cords and/or call buttons used to monitor residents?:  Yes  No
- Do you or others provide any health services to residents?:  Yes  No
- Any government or subsidized housing?:  Yes  No  
 If yes, what percent? \_\_\_\_%
- Any student renters?  Yes  No  
 If yes, what percent?: \_\_\_\_%

**MAINTENANCE**

- Management on site?:  Yes  No
- Maintenance on site?:  Yes  No
- If subcontractors are required to perform any work on the premises, including snow removal, are they required to provide COIs with limits of at least \$1,000,000 and name you as an Additional Insured?  
 Yes  No
- Any construction or renovations planned during the policy year?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**FIRE SAFETY INFO**

- Type of wiring: \_\_\_\_\_ If aluminum, is it pigtailed or CO/ALR?:  Yes  No
- Smoke alarms in each room?:  Yes  No  
 If so,  hardwired **OR**  battery?
- Central Station alarm?  Yes  No  
 If yes, is it connected to  a local fire department **OR**  an outside monitoring service?
- Emergency lighting in all common areas (including stairwells)?:  Yes  No
- Carbon monoxide detectors in each unit?:  Yes  No  
 If yes,  hardwired **OR**  battery?
- Are there two means of egress from each floor?:  Yes  No  
 If no, please explain: \_\_\_\_\_

**RECREATIONAL INFORMATION**

- Number of swimming pools: \_\_\_\_\_
- Fenced?:  Yes  No
- Height of fence: \_\_\_\_\_
- Self-closing and latching gates?:  Yes  No
- Are gates locked during non-pool hours?:  Yes  No
- Pool hours: \_\_\_\_\_
- Rules posted?:  Yes  No
- Diving boards or slides?:  Yes  No
- Lifeguards?:  Yes  No

**OTHER RECREATIONAL FACILITIES:**

Tennis Courts <input type="checkbox"/> Yes <input type="checkbox"/> No	Lakes/ponds/ocean access <input type="checkbox"/> Yes <input type="checkbox"/> No	Kids' programs/day camps <input type="checkbox"/> Yes <input type="checkbox"/> No
Volleyball Courts <input type="checkbox"/> Yes <input type="checkbox"/> No	Tanning beds <input type="checkbox"/> Yes <input type="checkbox"/> No	Boat rental operations <input type="checkbox"/> Yes <input type="checkbox"/> No
Saunas/Spas <input type="checkbox"/> Yes <input type="checkbox"/> No	Bathing Beaches <input type="checkbox"/> Yes <input type="checkbox"/> No	Baseball fields <input type="checkbox"/> Yes <input type="checkbox"/> No
Clubhouse <input type="checkbox"/> Yes <input type="checkbox"/> No	Convenience stores <input type="checkbox"/> Yes <input type="checkbox"/> No	Basketball courts <input type="checkbox"/> Yes <input type="checkbox"/> No
Fitness Center <input type="checkbox"/> Yes <input type="checkbox"/> No	Playgrounds <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

For playgrounds, please describe the ground cover for the area as well as the age and type of equipment involved:

Do you sponsor or host any athletic events on your premises or the premises of others?:  Yes  No

Do you plan to host any special events on your premises during the upcoming policy period and/or do you regularly hold special events at your premises?:  Yes  No

If yes, will you serve liquor at these events?:  Yes  No

If liquor will be served, please describe: \_\_\_\_\_

**SECURITY**

Is security present at your location?:  Yes  No

If yes, is security personnel:

Employed?:  Yes  No

Off-duty police officers?:  Yes  No

Subcontracted?:  Yes  No

If yes, are the subcontractors required to provide COIs with limits of at least \$1,000,000 and name you as an Additional Insured?  Yes  No

Armed security?  Yes  No

Days of week you have security on duty at your location: \_\_\_\_\_ Hours on duty: \_\_\_\_\_

Are background investigations conducted on all employees who perform security duties?  Yes  No

**OTHER SERVICES**

Are there any non-habitational operations on the premises?  Yes  No

If yes, what type of occupancy?: \_\_\_\_\_

List the sq. footage of the occupancy: \_\_\_\_\_

**CONTRACTUAL LIABILITY**

Do you enter into any contracts or agreements whereby you assume the liability of others?  Yes  No

If yes, please explain the nature of such contracts and agreements: \_\_\_\_\_

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In New York: 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.**

**In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.**

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Signature:

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Applicant's Name (print):

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Date (MM/DD/YY):

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