



# United States Liability Insurance Group Commercial Package Habitational Supplemental

## APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

**Applicant's Name** \_\_\_\_\_ **Date:** \_\_\_\_\_  
If you have a website, include your website address: \_\_\_\_\_

- |  | Prohibited                   | Eligible                     |
|--|------------------------------|------------------------------|
| 1. Is this a rooming house (common facilities other than laundry)?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 2. Any student renters?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 3. Any aluminum wiring?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 4. Is all wiring connected to circuit breakers?  | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 5. Are stairs, balconies, sidewalks, driveways or parking lots in good condition?      | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 6. Are all common doors equipped with self-closing and locking mechanisms?             | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 7. Are all units and common areas equipped with smoke detectors & fire extinguishers?  | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 8. Are wood stoves, space heaters or temporary heating units in use on the premise?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 9. Any applicant with tax liens, past due accounts or prior/pending bankruptcy?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 10. Is the building in a flood plain, tornado prone or brush fire area?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 11. Any timeshare, short term or seasonal rentals?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 12. Any bars on windows or security guard hired?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 13. Any government subsidized units/tenants?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 14. Buildings with 50% or more of the residents over 55 years old.                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 15. Any Insurance Company recommendation outstanding?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 16. Mortgage ever declined due to property inspection or any other reason?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 17. Is this an owner occupied one family dwelling?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 18. Any community owned electric, water, bridges, dams or septic treatment facilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

- Property**
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 19. Property values over \$3,000,000?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Is the building on an historical registrar?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Is the property in our coastal prohibited area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Is the occupancy rate below 80%?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Any personal property in owner occupied units?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Any barns on the premise?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Liability**
- |   |                             |                              |
|---|-----------------------------|------------------------------|
| 25. If three or more stories does the building have a fire escape or fire tower?                                      | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 26. Are periodic checks and repairs made as necessary on all stairs, balconies, sidewalks, driveways or parking lots? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 27. Is the security lighting adequate inside and outside?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

- General**
- Submit if any losses in the last 5 years.**
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 28. Management on site?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. Maintenance on site?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. Does insured live on premise?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31. Are tenants screened prior to leasing?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32. Annual Rental Income _____ Year Built _____ Protection Class _____                          |                              |                             |
| 33. Monthly rental for: 1 bedroom unit _____ 2 bedroom unit _____ 3 bedroom unit _____          |                              |                             |
| 34. Is building sprinklered?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 35. Sprinkler maintenance contract?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 36. Number of Buildings _____ Number of Units _____ Total Sq. Ft. _____ Number of Stories _____ |                              |                             |
- For multiple building locations include a **diagram with the distance between each building including the total sq. ft. of each.**

- Property**
37. **Special Form Requirements**-Not available for 1-4 family dwellings. For all other buildings the roofs need to be no older than 20 yrs. for pitched, shingled. Flat roofs need to be recoated or replaced every 10 years The plumbing, heating, and electric services need to be updated within the past 25 years. No Blanket coverage, No Agreed amount/Flat insurance, No RC coverage on buildings over 60 yrs. old

- Liability**
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 38. Is there an elevator?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 39. Is there a swimming pool on premise?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| No Diving board, No sliding board, fenced with self locking gate, Pool rules posted with no diving included, lifesaving equipment within pool area, and depths clearly marked. |                              |                             |
| 40. Any playground?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, list equipment and surface.  |                              |                             |
| 41. Any tennis, basketball or sport courts?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, how many of each? _____  |                              |                             |
| 42. Other recreational facilities/equipment.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, details? _____   |                              |                             |

**Read and Sign below:** I hereby state that the information provided and contained in this application is true and accurate to the best of my knowledge and that no material facts have been misrepresented or misstated. 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 be prosecuted to the full extent of the law.

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ HSA 6/02