



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
 Ten Granite Street Suite 2
 Quincy, MA 02169
 617.471.7171 Fax: 617.471.7180
 www.xsbrokers.com

Habitational Application

Applicant's Name _____
 Mailing Address _____

Agent's Name _____
 Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	
Other Coverages, Restrictions, and/or Endorsements		Total
	Deductible \$	\$

PROPERTY LOCATIONS:

Location Name, Street Address, City, County, State, Zip Code

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

C. SWIMMING POOL(S)

Loc. #s: _____ Diving boards? Yes No If yes, height: _____

Slides? Yes No

Underwater lighting? Yes No

Steps into shallow end with handrails? Yes No

Ladder at deep end with handrails? Yes No

1. Is the pool area completely surrounded by building walls or fence? Yes No If yes, height of fence: _____

2. Are gates or doors opening into the pool area equipped with a self-closing and self-latching device? Yes No

3. Are the depth markings clearly shown? Yes No

4. Are warning signs and rules posted and clearly visible? Yes No Provide wording or photo.

5. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook, available poolside? Yes No

6. Is pool maintained by applicant or outside contractor? Applicant Outside Contractor

If outside contractor, are certificates of insurance on file? Yes No

7. Are lifeguards provided by applicant or by outside pool management company? Applicant Pool management company

If outside, are certificates of insurance on file? Yes No

D. MAINTENANCE

1. Is janitorial, lawn care, or snow removal performed by outside contractor or applicant's employee?

Contractor Employee If outside contractor, are certificates of insurance on file? Yes No

Is the applicant named as additional insured on their policy? Yes No

2. Who is responsible for upkeep of sidewalks and driveways? _____

E. FIRE PROTECTION

1. Sprinklered? Yes No All units? Yes No Common areas only? Yes No

2. Smoke detectors in each unit? Yes No Hard-wire or battery? _____ How often checked? _____

3. Fire extinguishers? Yes No In common areas? Yes No In each unit? Yes No

4. # of units per fire division: _____

F. SECURITY

Completion of Section F. SECURITY not required for dwelling or boarding/rooming house occupancies.

Is security provided? Yes No If yes, what type? Patrol Gated access Alarm systems in each unit

1. If patrol, please answer the following questions:

a. Armed or unarmed? _____

b. Are the guards employees of the management or independent contractors? Employees Independent contractors

If independent contractors, are certificates of insurance required? Yes No

Is the applicant named as additional insured on their policy? Yes No

c. Is the security 24 hours? Yes No

d. What are the guards responsible for? Residents' safety Complex and amenities

2. If gated, please answer the following questions:

a. Is the entire apartment complex gated? Yes No

b. How is access obtained? Guard at gate Card Security code

c. Who is given access? _____

d. If the gate is card or security code access, how often is maintenance done on the gate? _____

What procedure is in place if gate is not working? _____

3. If alarm systems are provided, please provide answers to the following questions:

- a. Are alarm systems in every unit? Yes No
- b. Are the residents shown how to operate the alarm systems? Yes No
- c. Who monitors the alarms? _____

4. Do the residents' doors or windows contain any of the following?

- Viewing windows in front doors Lock pins for windows and sliding glass doors
- Window locks/bars Dead bolts

5. Master keys and locks:

- a. How does management handle the monitoring of master keys? _____
- b. How are locks handled upon vacancy of residents? Re-keyed Changed completely

6. Criminal Incidents:

- a. Does management advise residents of all criminal activity that has taken place upon the properties? Yes No
How is this done? _____
- b. Is this information provided to prospective renters if requested? Yes No

G. OTHER RECREATIONAL EXPOSURES

Number of: Playground(s) _____ Tennis court(s) _____ Racquetball court(s) _____ Basketball court(s) _____
 Volleyball court(s) _____ Baseball field(s) _____ Acres of lakes/ponds _____ Beaches _____
 Miles of bike trails _____ Sq. ft. of clubhouse _____ Spa/gym(s) _____ Boat slip(s) _____
 Other: _____

Are these available to nonresidents for a fee? Yes No Annual receipts? _____

H. During the past three years, has any company cancelled, declined, or refused similar insurance to the applicant?

(Not applicable in Missouri.) Yes No If yes, explain: _____

PRIOR CARRIER INFORMATION					
	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy Number					
Total Premium					

LOSS HISTORY—FIVE YEAR PERIOD				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF 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.

FRAUD WARNING:

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 subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ Date _____

AGENT NAME _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE