/ SUPPLEMENTAL APPLICATION

Habitational & Apartment Supplemental

Apartments, condos, and habitational property and liability risk.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

DESCRIPTION OF OPERATIONS

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

PORTFOLIO OVERVIEW

Habitational type(s) (check all that apply)

☐ Apartments ☐ Condominiums ☐ Townhomes ☐ Duplex / Triplex / Quadplex

☐ Single Family Dwelling ☐ Single Room Occupancy (SRO) ☐ Mobile Home Park ☐ Student Housing

☐ Senior / Independent Living ☐ Subsidized / Section 8 ☐ Timeshares ☐ Homeowners / HOA

INTEREST IN PROPERTY (OWNED / MANAGED / BOTH)

PROPERTY MANAGEMENT FIRM (IF MANAGED)

TOTAL # LOCATIONS / COMPLEXES

TOTAL # BUILDINGS

TOTAL # UNITS / ROOMS

TOTAL INSURED VALUE (TIV) $

OVERALL OCCUPANCY / LEASED RATE %

AVERAGE MONTHLY RENT / UNIT $

PREDOMINANT CONSTRUCTION TYPE

Tenant mix across portfolio

% SENIOR

% STUDENT

% SUBSIDIZED

% MARKET-RATE

% OTHER

LOCATION SCHEDULE

List every habitational location. Attach a separate schedule in the same column order if there are more locations than rows below.

Location Schedule

ADDRESS / CITY / STATE	# UNITS	# BLDGS	YEAR BUILT	STORIES	OCCUPANCY %	# POOLS	% SPRINKLERED	ALUMINUM WIRING? (Y/N)	YR ACQUIRED

Per-location tenant mix, exposures & commercial occupancy (same row order)

Location Detail

ADDRESS / LOCATION	% SENIOR	% STUDENT	% SUBSIDIZED	CONSTRUCTION	SECURITY GUARDS (Y/N)	COMMERCIAL / LRO SQ FT	ANNUAL RENTAL REVEN

Gross Rents & Income — Five-Year History

INCOME	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
Gross Annual Rents					
Other Income (laundry / parking / fees)					

INCOME	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
TOTAL					

AMENITIES & RECREATIONAL EXPOSURES

Amenities on premises (check all that apply)

- ☐ Swimming pool(s)
- ☐ Hot tub / spa
- ☐ Sauna
- ☐ Wading / kiddie pool
- ☐ Playground
- ☐ Clubhouse
- ☐ Health club / fitness center
- ☐ Tennis court(s)
- ☐ Basketball court(s)
- ☐ Racquetball court(s)
- ☐ Volleyball court(s)
- ☐ Baseball / sports field
- ☐ Bike / walking trails
- ☐ Lake / pond
- ☐ Beach
- ☐ Boat slip(s)
- ☐ Dog park
- ☐ Grills / BBQ area
- ☐ Tanning bed(s)
- ☐ Daycare / after-school
- ☐ None

# POOLS	# HOT TUBS / SPAS	CLUBHOUSE SQ FT	LAKE / POND ACRES	# PLAYGROUNDS	# FITNESS CENTERS

SWIMMING POOLS & PLAYGROUNDS

1. Are there any pools, hot tubs, or spas on the premises? ☐ YES ☐ NO

2. Are there controlled hours of operation, and are warning signs, rules, and depth markings clearly posted? ☐ YES ☐ NO

3. Are all pools fully fenced with self-latching, self-closing gates? ☐ YES ☐ NO

FENCE HEIGHT

4. Are there any diving boards, slides, or water features? ☐ YES ☐ NO

IF YES, DESCRIBE HEIGHT / LENGTH

5. Is rescue equipment (ring buoy and shepherd's hook) available poolside? ☐ YES ☐ NO

6. Are all pools and hot tubs in compliance with the Virginia Graeme Baker Pool & Spa Safety Act (anti-entrapment drains)? ☐ YES ☐ NO

7. Are lifeguards provided? ☐ YES ☐ NO

BY APPLICANT OR POOL MANAGEMENT COMPANY?

8. If a pool management company is used, are they required to name the applicant as additional insured and carry equal limits? ☐ YES ☐ NO

9. Is there a playground on the premises? ☐ YES ☐ NO

IF YES, DESCRIBE EQUIPMENT AND SURFACING

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

OTHER RESIDENT SERVICES

10. Does the applicant provide transportation services (shuttle / van) to residents? ☐ YES ☐ NO

11. Does the applicant provide and monitor pull-cords or panic / call buttons in any units? ☐ YES ☐ NO

12. Is a daycare, babysitting, or after-school program operated on the premises? ☐ YES ☐ NO

OPERATED BY APPLICANT OR INDEPENDENT COMPANY?

13. If daycare is run by an independent company, is the applicant named as additional insured and is equal-limit coverage required? ☐ YES ☐ NO

14. Are any assisted-living, nursing, memory-care, or medical services provided to residents? ☐ YES ☐ NO

15. Are short-term, vacation, or transient rentals (under 30 days) offered at any location? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

FIRE PROTECTION & LIFE SAFETY

BUILDINGS OVER 3 STORIES

OLDEST BUILDING YEAR BUILT

% OF UNITS SPRINKLERED (PORTFOLIO)

16. Is the complex in compliance with all applicable state and local statutes governing safety devices? ☐ YES ☐ NO

17. Are there smoke alarms in each unit? ☐ YES ☐ NO

HARDWIRED (TIED TO CENTRAL STATION?) OR BATTERY?

18. If battery alarms are used, is there a written procedure for routine inspection and battery replacement? ☐ YES ☐ NO

19. Are there building fire alarms, and are they monitored by a central station? ☐ YES ☐ NO

DESCRIBE

20. Are buildings sprinklered? ☐ YES ☐ NO

ALL UNITS, COMMON AREAS ONLY, OR PARTIAL?

21. If over three stories, are interior stairways enclosed with self-closing fire doors on each floor? ☐ YES ☐ NO

22. Does the applicant prohibit the use of grills on balconies, porches, and decks? ☐ YES ☐ NO

23. Do all buildings and floors have clearly marked fire exits and a secondary means of egress on each floor? ☐ YES ☐ NO

24. Is emergency lighting provided and tested in all common areas? ☐ YES ☐ NO

25. Is there any aluminum branch-circuit wiring on the premises? ☐ YES ☐ NO

IF YES, HAS IT BEEN REMEDIATED / PIG-TAILED? DESCRIBE

IF “YES” TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

SECURITY, KEYS & SCREENING

SECURITY TYPE (NONE / GATED / PATROL)

PATROL COVERAGE (ARMED / UNARMED)

PATROL STAFFING (EMPLOYEES / CONTRACTORS / OFF-DUTY POLICE)

26. Has the complex been de-mastered (no master-key system), and are all units re-keyed before leasing to new tenants? ☐ YES ☐ NO

27. Are unit doors secured with deadbolt / double locks and door viewers (peepholes)? ☐ YES ☐ NO

28. Are windows and sliding glass doors fitted with lock pins, window locks, or bars? ☐ YES ☐ NO

29. Does the applicant provide security services? ☐ YES ☐ NO

GATED ACCESS, PATROL, OR BOTH?

30. If patrol / security is contracted, are guards required to name the applicant as additional insured, sign a hold-harmless, carry equal limits, and provide a COI on file? ☐ YES ☐ NO

31. Are armed guards used at any location? ☐ YES ☐ NO

32. Are police background checks performed on all employees? ☐ YES ☐ NO

33. Are background / criminal-history checks required on all new tenants? ☐ YES ☐ NO

34. Is there a written procedure for notifying tenants of known or suspected criminal activity on or near the premises? ☐ YES ☐ NO

35. Is there a written procedure for responding to tenant complaints concerning safety-related issues? ☐ YES ☐ NO

36. Within the last 3 years, has there been any assault, battery, shooting, or habitability / crime-related claim at any location? ☐ YES ☐ NO

IF “YES” TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

MAINTENANCE & CONTRACTOR CONTROLS

Who Performs Maintenance

MAINTENANCE FUNCTION	PERFORMED BY (EMPLOYEE / CONTRACTOR)
Janitorial operations	
Landscaping / lawn care	
Snow & ice removal	
General maintenance & repairs	
Pool / spa servicing	
Roof / gutter maintenance	

37. Are there written procedures for routinely inspecting and maintaining the premises? ☐ YES ☐ NO

38. Are there written procedures (and a log) for responding to tenant maintenance and service complaints? ☐ YES ☐ NO

39. Are roofs, HVAC, plumbing, and electrical systems inspected and updated on a documented schedule? ☐ YES ☐ NO

40. If maintenance is done by outside contractors, are they required to name the applicant as additional insured? ☐ YES ☐ NO

41. Are contractors required to sign a hold-harmless / indemnification agreement in the applicant's favor? ☐ YES ☐ NO

42. Are contractors required to carry GL limits equal to or greater than the applicant's, and are COIs maintained on file? ☐ YES ☐ NO

COVERAGE REQUESTED

GL EACH-OCCURRENCE

GL AGGREGATE

PROPERTY TIV $

PROPERTY DEDUCTIBLE / SIR

ASSAULT & BATTERY (INCL. / EXCL. / SUBLIMIT)

HABITABILITY / BED-BUG (INCL. / EXCL.)

EXCESS / UMBRELLA LIMIT (IF ANY)

REQUESTED EFFECTIVE DATE

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

43. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

44. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

45. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

APPLICANT STATEMENT & SIGNATURE

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 (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

DATE

SIGNATURE OF APPLICANT

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #