REDSTONE
INSURANCE BROKERS

Habitational Application

Applicant Information

1.1) Named Insured: _____

1.2) Mailing Address: _____

1.3) Website Address: _____

1.4) Proposed Policy Period: From _____ to _____ (12:01 AM standard time)

1.5) Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other: _____

Property Location

2.1) Premises / Address of Property(ies):

_____

_____

_____

Occupancy Information

3.1) Identify Occupancy (e.g., Apartments, Rooming House, 1–4 Family Dwellings, Assisted Living):

_____

3.2) Percentages: Assisted Living/Nursing: ____ % General Population: ____ %

Senior Housing: ____ % Student: ____ % Subsidized: ____ %

3.3) If senior housing, is any medical care provided? ☐ Yes ☐ No

3.4) If student housing, Undergraduate: ____ % Graduate: ____ % Any dorm/fraternity/sorority occupancies? ☐ Yes ☐ No

3.5) Any SRO/shared-room or shared-bathroom exposures? ☐ Yes ☐ No

3.6) Are locks changed after vacancies? ☐ Yes ☐ No

3.7) % of vacant units: ____ %

3.8) Are there any commercial occupancies/tenants? ☐ Yes ☐ No If yes, list operations and square footage: _____

3.9) Are commercial tenants required to carry their own CGL? ☐ Yes ☐ No

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Ownership, Management & Maintenance

4.1) Property is: ☐ Owned ☐ Managed Is the Manager on the premises? ☐ Yes ☐ No

4.2) Management Contact Name: _____ Phone: _____

4.3) Is management on site? ☐ Yes ☐ No Is maintenance on site? ☐ Yes ☐ No

4.4) Are there written procedures for inspections? ☐ Yes ☐ No

If yes, inspection frequency: _____

4.5) Do you keep written logs of maintenance/repairs and tenant complaints? ☐ Yes ☐ No

4.6) Provide procedures for responding to tenant complaints (attach if needed).

4.7) Please describe unit turn procedures (inspections, repairs) when a tenant vacates (attach if needed).

Building / Construction Information

5.1) Year Built: _____ Year Purchased: _____ # of Stories: _____ # of Units: _____ # of Buildings: _____

5.2) Roof — Type: _____ Age: _____

5.3) Electrical — Any Aluminum wiring? ☐ Yes ☐ No If yes, updated/pigtailed? ☐ Yes ☐ No Any Stab-Lok/Federal Pacific? ☐ Yes ☐ No Knob & Tube? ☐ Yes ☐ No Fuse boxes? ☐ Yes ☐ No Any other recalled systems? _____

5.4) Wiring Type: ☐ Copper ☐ Aluminum ☐ Other: _____ Age(s): _____

5.5) Heating source per unit: ☐ Electric ☐ Gas ☐ Oil ☐ Other: _____ If gas, are systems checked annually? ☐ Yes ☐ No

5.6) Date of last full updates — Heating: _____ A/C: _____ Plumbing: _____

5.7) Elevators on premises? ☐ Yes ☐ No If yes, service contract with licensed company? ☐ Yes ☐ No Service frequency: ____ / year

5.8) Parking facilities: ☐ Lots ☐ Garages Security: ☐ Lights ☐ Video cameras ☐ Guards Public access square footage: _____ Fee charged? ☐ Yes ☐ No Annual receipts: $_____

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Fire & Life Safety

6.1) Are buildings sprinklered? ☐ Yes ☐ No If yes, ☐ Full ☐ Partial % area sprinklered: ___ %

6.2) Are all fire escapes/stairs up to code and enclosed where required? ☐ Yes ☐ No

6.3) At least two means of egress from each floor? ☐ Yes ☐ No

6.4) Emergency lighting installed in stairwells? ☐ Yes ☐ No

6.5) Smoke/heat/CO detectors in: Units ☐Yes ☐No Common areas ☐Yes ☐No Stairwells ☐Yes ☐No Hallways ☐Yes ☐No Kitchens ☐Yes ☐No Type: ☐ Hardwired ☐ Battery Alarm: ☐ Central station ☐ Local

6.6) If over 3 stories: enclosed stairways with self-closing fire doors and panic hardware? ☐ Yes ☐ No

6.7) Balcony cooking permitted? ☐ Yes ☐ No

Security

7.1 Is the complex fenced? ☐ Yes ☐ No Gates at entrances/exits? ☐ Yes ☐ No

7.2 Security services used? ☐ Yes ☐ No Armed? ☐ Yes ☐ No Employees or subcontracted? ☐ Employees ☐ Subcontracted

7.3 If subcontracted, Additional Insured status and COIs on file? ☐ Yes ☐ No

7.4 Days/Hours of patrol: _____ Do guards keep activity logs? ☐ Yes ☐ No

7.5 Security cameras/video surveillance on premises? ☐ Yes ☐ No

7.6 Tenant screening prior to leasing? ☐ Yes ☐ No (Credit ☐, Criminal ☐, References ☐)

7.7 Employee screening/background checks? ☐ Yes ☐ No (Credit ☐, Prior jobs ☐, Criminal ☐)

7.8 Unit entry doors equipped with deadbolts? ☐ Yes ☐ No

7.9 Does the lease/rental agreement make any security warranties? ☐ Yes ☐ No

7.10 Is this a controlled-access property (gates, guardhouse, etc.)? ☐ Yes ☐ No Is the facility fenced? ☐ Yes ☐ No

7.11 Crime/vandalism in neighborhood: ☐ Low ☐ Medium ☐ High

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Recreational Facilities & Special Exposures

8.1 Pools — # In-ground: ____ # Above-ground: ____ Depth marked? ☐Yes ☐No Underwater lighting? ☐Yes ☐No Slides? ☐Yes ☐No (height ____) Diving boards/platforms? ☐Yes ☐No Lifeguards? ☐Yes ☐No Rules posted? ☐Yes ☐No

8.2 Are pools surrounded by at least a 4' fence with self-latching gates? ☐ Yes ☐ No Rescue equipment in pool area? ☐ Yes ☐ No Overhangs/buildings <10 ft from pool edge? ☐ Yes ☐ No

8.3 Are pools/spas compliant with the Virginia Graeme Baker Pool & Spa Safety Act? ☐ Yes ☐ No

8.4 Number of amenities: Baseball diamonds ___ Basketball courts ___ Beaches ___ Bike trails ___ Boat docks ___ Boat rentals ___ Clubhouses ___

Daycare on premises? ☐Yes ☐No Golf courses ___ Horse trails ___ Lakes (acres) ___ Parks ___ Playgrounds ___ Racquetball ___ Saunas ___ Spas ___ Stables ___ Tennis courts ___ Vacant land (acres) ___ Volleyball courts ___ Other: _____

Contractors & Certificates

9.1 Use of subcontractors (Maintenance, Security, Management, Other)? Describe:
_____

9.2 Are current hold harmless agreements and Certificates of Insurance maintained for all contractors? ☐ Yes ☐ No With equal/greater limits? ☐ Yes ☐ No Additional Insured status? ☐ Yes ☐ No

9.3 Does the insured assume liability for others via any contract/agreement (service/maintenance)? ☐ Yes ☐ No If yes, describe: _____

Snow Plowing & Transportation

10.1 Who is responsible for snow plowing? _____

- If subcontracted, Additional Insured? ☐ Yes ☐ No COIs on file? ☐ Yes ☐ No

10.2 Is any transportation provided? ☐ Yes ☐ No owned autos? ☐ Yes ☐ No

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Important Notice & Signatures

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any material fact thereto, commits a fraudulent act that may be a crime and subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

Applicant Signature: _____

Title: _____

Date: _____

Producer Signature: _____

Date: _____