

## Supplemental Habitational Application



Please complete each field, you may tab through the fields and fill in the form. Once completed, please e-mail the form to your contact at NorthStar Risk Management & Insurance Services, inc.

Broker/Company:  Submitted By:   
Phone Number:  Fax Number:  E-Mail Address:   
Named Insured:  Location Address:

### Required for each location

1. Years owned by assured: \_\_\_\_\_
  2. Any periodic check of stairs, balconies, etc.  Yes  No How often?: \_\_\_\_\_
  3. Occupancy: \_\_\_\_\_% Less than 90%, explain: \_\_\_\_\_
    - A. Any government subsidized housing?  Yes  No If yes, what percent? \_\_\_\_\_
    - B. Any student renters?  Yes  No If yes, what percent? \_\_\_\_\_
    - C. Management on site?  Yes  No
    - D. Maintenance on site?  Yes  No
  4. Construction
    - A. If over three (3) stories, are interior stairways enclosed and equipped with self-closing fire doors on each floor?  Yes  No
    - B. If multiple buildings, what is the separation between buildings? \_\_\_\_\_
  5. Annual Rental Income
    - A. Monthly: 1 bedroom \_\_\_\_\_ 2 bedroom \_\_\_\_\_ Other \_\_\_\_\_
    - B. Rent control area?  Yes  No If yes, are there eviction procedures?  Yes  No
  6. Type of wiring: \_\_\_\_\_ If aluminum, updated?  Yes  No
    - A. If aluminum, are all receptacles and switches fixed using the Cop/Alum Crimp Method  Yes  No
  7. Smoke Alarm?  Yes  No Battery?  Yes  No Hardwired?  Yes  No  
Kitchen area?  Yes  No Hallway leading to bedroom?  Yes  No  
Common interior hallways and stairways?  Yes  No Other? \_\_\_\_\_
  8. Swimming Pool(s)?  Yes  No
    - A. Diving board(s)  Yes  No
    - B. Pool rules posted?  Yes  No
    - C. Lifesaving equipment (i.e., life ring, shepherds hook) in pool area?  Yes  No
  9. Playground(s)?  Yes  No If yes, how is it secured? \_\_\_\_\_
    - A. Type of surface (i.e., asphalt, grass, sand)? \_\_\_\_\_
  10. Tennis Courts?  Yes  No If yes, how many? \_\_\_\_\_
  11. Dogs allowed?  Yes  No
  12. Other recreational facilities?  Yes  No Provide full details: \_\_\_\_\_
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13. Entire property fenced?  Yes  No Automatic access gate?  Yes  No

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14. Private security?  Yes  No Employed?  Yes  No Subcontracted?  Yes  No  
If subcontracted, are certificates of insurance obtained and are you named as additional insured?  Yes  No  
A. Armed?  Yes  No B. Unarmed?  Yes  No  
C. Days of week? \_\_\_\_\_ D. Hours on duty? \_\_\_\_\_
15. Are tenants screened prior to leasing?  Yes  No  
A. Credit check?  Yes  No B. Criminal check?  Yes  No
16. Are employees screened?  Yes  No  
A. References?  Yes  No B. Prior jobs?  Yes  No  
B. Credit check?  Yes  No B. Criminal check?  Yes  No
17. Crime and vandalism in neighborhood:  High  Medium  Low
18. Are tenants informed of crime and vandalism activity?  Yes  No
19. Are there any regular new bulletins by assured?  Yes  No

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application of files a claim containing a false or deceptive statement is guilty of Insurance fraud.**

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_