

HABITATIONAL SUPPLEMENT APPLICATION

Property Name: _____
Address: _____
Building Amount: \$ _____ (attach a diagram including distances between buildings)
Contents Amount: \$ _____
Rents: \$ _____ for _____ 12 months
Deductible: \$ _____
Number of Buildings: _____ Number of Units: _____ Plot Plan attached? YES NO
Total Square Feet: _____ Number of Stories: _____
Minimum distance between buildings: _____ feet
Fire Protection: City of _____ County of _____ Volunteer? YES NO
Distance to fire hydrant _____ Distance to fire department _____ miles
Number of hydrants in complex _____ (if more than 5 buildings)
Years owned _____ Managed _____
Age of property _____
Occupancy Rates _____ % Amount Subsidized _____
Type of Area: Stable Improving Deteriorating
Type of Tenants: Blue Collar _____% White Collar _____% Senior Citizens _____% Students _____%
Construction Type: Brick Veneer _____% Masonry _____% Frame _____% Stucco _____% Other _____%
Roof Type: Composition _____ % Wood Shingle _____ % Flat Built-Up _____ %
Wiring: Copper _____ % Aluminum _____ % Converted by: Pigtail Co/ALR
Date wire was treated if aluminum _____
Year of Updates: Wiring _____ Plumbing _____ Roof _____ Appliance _____
Paint _____ Interiors _____
Smoke Detectors: Installed in every unit? YES NO Tenant signs smoke detector
Warranty? YES NO Hardwired: Battery:
Swimming Pools/Spas: Number of Pools _____ Spas _____ Fenced? YES NO
Depth Markers? YES NO Diving Board or Slide: YES NO
Self latch and lock gates? YES NO Pool Rules Posted? YES NO
Non-slip surface around pool? YES NO
Ground Fault Interruptors (GIF) on all Electrical Equipment? YES NO
Other Recreational (describe) _____
Security provided: Security guards? YES NO Armed? YES NO
Access gates? YES NO Alarms in units? YES NO
Dead bolt locks on all doors? YES NO
Sprinklered? YES NO In what areas? _____
On site maintenance people? YES NO
Scheduled Maintenance Program (describe) _____
Maximum value each building/building cluster _____