

**CATLIN SPECIALTY INSURANCE COMPANY**



**HABITATIONAL SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD Application)

Please answer all questions. If a question does not apply, indicate 'not applicable'.

Agency Name: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Proposed Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(No., Street, County, State, Zip Code)

Description of Operations: \_\_\_\_\_

Individual  Corporation  Partnership  Joint Venture  Other \_\_\_\_\_

**Limits of Liability Requested**

General Aggregate \$ \_\_\_\_\_

Products & Completed Operations Aggregate \$ \_\_\_\_\_

Personal & Advertising Injury \$ \_\_\_\_\_

Each Occurrence \$ \_\_\_\_\_

Damage to Premises Rented to you \$ \_\_\_\_\_

Medical Expense (any one person) \$ \_\_\_\_\_

Deductible \$ \_\_\_\_\_

**Property Coverages/Limits Requested**

Building: \$ \_\_\_\_\_

Contents: \$ \_\_\_\_\_

Business Income: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Equipment Breakdown:**

Deductible \$ \_\_\_\_\_

Coinsurance % \_\_\_\_\_

Other Coverages, Restrictions, and/or Endorsements: \_\_\_\_\_

**PROPERTY LOCATIONS:**

# Location Name, Street Address, City, County, State, Zip Code (attach a separate sheet if additional space is needed)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name and Phone Number of Individual to Contact for Inspection/Audit: \_\_\_\_\_

**A. DESCRIPTION OF LOCATIONS**

	Loc. #1	Loc. #2	Loc. #3
Year Built			
Number of Stories			
Number of Units			
Number of Buildings/Sq. ft.			
Heating/HVAC Type			
Any Lead Paint (deleaded?)			
Stairwells Open or Enclosed?			
Number of Exits			
Emergency lighting?			
Fire door or panic hardware?			
Manager on premises?			
Monthly Rent per Unit:			
% of Units subsidized			

**B. RENOVATION/MOST RECENT UPDATE** (provide Year & Type of Update)

	Loc #1	Loc #2	Loc #3
Roof			
Plumbing			
Electrical (type of wiring)			
Currently Renovating? Cost?			

**C. SWIMMING POOL(S)**

Location Numbers: \_\_\_\_\_

1. Does the pool(s) have:

a. Diving Boards?  Yes  No

If 'Yes', height: \_\_\_\_\_

b. Slides?  Yes  No

c. Steps into shallow end with handrails?  Yes  No

d. Ladder at deep end with handrails?  Yes  No

2. Is the pool area completely surrounded by building walls or fence?  Yes  No

If 'Yes', height of fence: \_\_\_\_\_

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

4. Are the depth markings clearly shown?  Yes  No

5. Lifeguards?  Yes  No

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

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

8. Who maintains the pool?  Applicant  Outside Contractor

If Outside Contractor, are certificates of insurance on file?  Yes  No

**D. MAINTENANCE**

Who is responsible for or performs the work?  Applicant's Employee  Outside Contractor  
 If Outside Contractor, confirm certificates of Insurance are on file.

**E. FIRE PROTECTION**

1. Sprinklered?  Yes  No  
 If 'Yes', give percentage and where located: \_\_\_\_\_%  All Units  Common Areas only
2. Smoke detectors in each unit?  Yes  No
  - a. Hard-wire or battery? \_\_\_\_\_
  - b. How often checked? \_\_\_\_\_
3. Fire Extinguishers?  All Units  Common Areas  None Date Last Serviced: \_\_\_\_\_

**F. 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) \_\_\_\_\_  
 Are these available to nonresidents for a fee?  Yes  No Annual Receipts: \$ \_\_\_\_\_

**G. HISTORY**

1. During the past three years, has any company canceled, declined or refused similar insurance to the Applicant? (N/A in Missouri)  Yes  No If 'Yes', explain: \_\_\_\_\_

**2. Prior Carrier Information for the Previous Five Years:**

	Year:	Year:	Year:	Year:
Carrier Name/Policy #:				
Premium/Policy Term:				

**3. Loss History for the Previous Five Years:**

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open/Closed)

This questionnaire 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.

\_\_\_\_\_  
 Applicant's Signature Date Agent's Signature Date