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HABITATIONAL SUPPLEMENTAL APPLICATION

(Please Complete This Form and Submit with a Completed ACORD Application)

Insured's Name: _____ **Eff Date:** _____

Mailing Address: _____

Is Applicant a Real Estate or Property Management company? Yes No

PROPERTY LOCATIONS:

Loc #	Address	City	State	Zip Code
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

DESCRIPTION OF OPERATIONS:

	Loc #1	Loc #2	Loc #3	Loc #4
Years Owned				
Type of Occupancy*				
Year Built				
No. of Stories				
Total No. of Units				
No. of Buildings				
Total Building Area (Sq Ft)				
Pool?—see Section C.				
Manager on premises?				
If Mixed Use, Describe				
Non-Habitational Area (Sq Ft)				
Monthly Rental Inc per Loc.				

*Use alpha code listed for type of occupancy:

A - Apt Bldg B - Garden Apts C - Apt hotel D - Single Family E - Duplex F - Triplex

RENOVATIONS & RECENT UPDATES:

Year & Type of Update	Loc #1	Loc #2	Loc #3	Loc #4
Roof				
Plumbing				
Wiring & Electrical				
Heating/Air Condtn:				
Paint				
Sidewalks				
Patio balconies/railings				
Parking areas				
Currently renovating?				
Cost/type of renovation				
Are Certificates for subcontractors on file?				

Type of Roofing Material:

Describe what wiring work was done, if any:

Describe what plumbing work was done, if any:

Any damage (insured or not) from leaking water? Yes No

Water pipes are made of: Copper Galvanized PVC Other:

Is all exposed wiring in conduit? Yes No

Have all fuses been replaced by circuit breakers? Yes No

If there is aluminum wiring, have all outlets been pigtailed and checked by a licensed electrical contractor within the past 5 years? Yes No

What work was done on the heating system?

Heating system: Central Space Heaters Forced Air Hot Water Other:

Type of fuel used for heating:

GENERAL PROPERTY/NEIGHBORHOOD CONDITION:

Condition of Property:	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Surrounding Area:	<input type="checkbox"/> Improving	<input type="checkbox"/> Stable	<input type="checkbox"/> Declining
Surrounding buildings in good condition/maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupancy:	% Low Income	% Student Housing	% Subsidized
			% Elderly

FIRE SAFETY INFORMATION:

Are space heaters utilized or are tenants permitted to have space heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hallways/stairwells open or closed:	# of Exits:
Any unprotected vertical openings such as stairways, laundry chutes, elevators, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any concealed spaces or attic used for storage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any fire/draft stops in concealed space or attic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire doors and panic hardware? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire doors rated for 1-hour protection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a central station? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it monitored to desk? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are heat/smoke detectors in each unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are heat/smoke detectors: <input type="checkbox"/> Hardwired <input type="checkbox"/> Battery
How often are detectors tested?	How often are batteries replaced?
Are carbon monoxide detectors in each unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire extinguishers in common areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire extinguishers in each unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is property compliant with all city/state housing codes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is risk sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe which areas:

SWIMMING POOL INFORMATION:

CHECK HERE IF NOT APPLICABLE.

Number of pools:	Are warning signs and rules posted in a clearly visible area? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are lifeguards employed by you or subcontracted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are certificates of insurance provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are pools fenced from all units? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, height of the fence? Feet
Is there a diving board or slide? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, height of board/slide? Feet
Are there depth markers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shepard's hook/ring nearby? <input type="checkbox"/> Yes <input type="checkbox"/> No
Self-closing/locking gate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any structures w/in 10 feet of pool? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECURITY:

Are sliding glass doors equipped with additional locks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do entry doors have peepholes and keyless deadbolts? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Are there any security guards on premises? (if yes, answer below) <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there fences and/or gates surrounding the property? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are criminal checks done on employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are criminal checks done on prospective tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any previous incidents of physical or sexual assault? <input type="checkbox"/> Yes <input type="checkbox"/> No

*If yes, please provide full details including whether armed or unarmed, off-duty police, independent firm (which provides certificates?) or employees and if there is any non-cash compensation:

OTHER:

Does the lease/rental agreement make any warranty with regard to security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are leasing agents/employees instructed to advise potential and current tenants to dial 9-1-1 in the event of an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does this risk have any of the following? If so, please describe all yes answers.

Clubhouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exercise Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Playgrounds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restaurants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Saunas/Spas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security Guards	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laundry Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
BBQ grills	<input type="checkbox"/> Yes <input type="checkbox"/> No

MAINTENANCE:

Is janitorial, lawn care, or snow removal performed by outside contractors or employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If outside contractors are used, do they provide a certificate of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIOR INSURANCE INFORMATION:

Prior Carrier (Name and years on risk):	
Is prior carrier offering renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiring Premium: \$
During the past three years, has any company canceled, declined or refused similar insurance to the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ATTACH SCHEDULE IF MULTIPLE PROPERTIES/LOCATIONS.

INCLUDE 5 YEARS OF VERIFIABLE LOSS EXPERIENCE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date