



**AFFORDABLE HOUSING SUPPLEMENTAL APPLICATION**

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

Applicants Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_ FEIN: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Web Address: \_\_\_\_\_

For Profit       Not For Profit

**REQUIREMENTS FOR SUBMISSION**

- ACORD Applications
- Currently valued insurance company loss runs for the current policy term plus four years
- Statement of Values
- Color Photos
- Plot Plan

**SECTION I - HOUSING**

1. Type of Housing / # of units (check all that apply)

Government Subsidized – # of units: \_\_\_\_\_

Section 42 - # of units: \_\_\_\_\_

Section 8 - # of units: \_\_\_\_\_

If tax credit or government subsidized, are procedures in place to verify income?     Yes     No

If yes, please explain:

\_\_\_\_\_

Market Rate - # of units: \_\_\_\_\_

Student - # of units: \_\_\_\_\_

Disabled or Senior - # of units: \_\_\_\_\_

If Senior, any Assisted living services?     Yes     No

If yes, please explain:

\_\_\_\_\_

Are pull cords or emergency buttons in apartment units?     Yes     No

If yes, how are they monitored, describe procedure in place:

\_\_\_\_\_

Are communal dining services provided?     Yes     No

Transient / Homeless - # of units: \_\_\_\_\_

Vacant - # of units: \_\_\_\_\_

2. What is the average occupancy rate? \_\_\_\_\_

3. What is the average monthly rent? \_\_\_\_\_

4. Number of evictions in the past 12 months: \_\_\_\_\_

**SECTION II - MANAGEMENT**

- 1. Interest in Property:  Owner  Manager Year property was first owned or managed: \_\_\_\_\_
- 2.  Self Managed  On site property management firm  Off site property management firm
- 3. If property management firm, is the owner required to be named as Additional Insured?  Yes  No
- 4. Primary Insurance provided by:  Owner  Property Manager

**SECTION III - PROPERTY**

- 1. Number of Buildings: \_\_\_\_\_
- 2. Type of construction: \_\_\_\_\_
- 3. Number of stories: \_\_\_\_\_
- 4. % sprinklered: In units? \_\_\_\_\_% In common areas? \_\_\_\_\_%
- 5. Are there firewalls?  Yes  No
- 6. Smoke detectors:  Battery  Hardwired  CO  
If battery, is there a regular inspection and replacement procedure?  Yes  No
- 7. Are extinguishers provided?  Yes  No  
Is there a regular inspection and replacement procedure?  Yes  No
- 8. Is the fire alarm:  Local  Central Station  Manual  Automatic
- 9. Is there emergency lighting?  Yes  No
- 10. Is there adequate lighting in the parking area?  Yes  No
- 11. Are security guards/patrols used:  24 hours  Evenings  Other: \_\_\_\_\_  
If yes, are guards:  Armed  Unarmed  Employed  Subcontracted  Off duty police  
Annual payroll/cost for security patrol? \$ \_\_\_\_\_
- 12. Is there an intercom system to enter buildings?  Yes  No
- 13. Are there any security cameras or closed circuit TV surveillance?  Yes  No
- 14. Are background checks obtained on:  Employees  Tenants  Subcontractors  
If yes, are they:  Criminal  Credit
- 15. Are units re-keyed prior to new tenant leasing?  Yes  No
- 16. Is property located in known Flood Zone?  Yes  No
- 17. Is property located in known Brush/Wildfire area?  Yes  No
- 18. Is property located in close proximity to EQ fault?  Yes  No
- 19. Is crime and vandalism in neighborhood:  High  Medium  Low  
Are tenants informed of crime and vandalism activity?  Yes  No

**SECTION IV – SERVICES/AMENITIES**

- 1. Are any of the following services provided on site?
  - Child Care / After School  
Is this operated by the Applicant?  Yes  No  
If yes, please complete the Child Care Center Supplemental Application.  
If no, does Applicant verify insurance and are they named as an Additional Insured on the operator's policy?  Yes  No
  - Social or Community Services?  
If yes, please describe: \_\_\_\_\_
  - Medical Services?  Yes  No  
If yes, please describe: \_\_\_\_\_

Exercise / Weight Room?  Yes  No  
 Exercise Classes?  Yes  No  
 Type of Equipment:  Treadmill  Free Weights  Lifecycle  
 Elliptical  Other: \_\_\_\_\_  
 Is the room supervised?  Yes  No  
 Are the rules posted?  Yes  No  
 Are the participants required to sign a release or waiver of liability form?  Yes  No

Swimming Pools?  Inside  Outside Jacuzzi/Hot Tubs?  Inside  Outside  
 If outside, are pools completely fenced?  Yes  No  
 What is the height of the fence? \_\_\_\_\_  
 Are there any diving boards?  Yes  No Number: \_\_\_\_\_ Height: \_\_\_\_\_  
 Do the pools have self-locking gates?  Yes  No  
 Are pool depths marked in and around the pool area?  Yes  No  
 What are the hours of operation? \_\_\_\_\_  
 Are lifeguards on duty: Employees?  Yes  No Subcontractors?  Yes  No  
 Is there lifesaving equipment in the pool area?  Yes  No  
 Can the pool be rented out for private parties?  Yes  No  
 How often is the pool water inspected and maintained? \_\_\_\_\_  
 Are all pools and spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act?  Yes  No  
 If no, provide time table and action plan: \_\_\_\_\_  
 \_\_\_\_\_

Lakes, Ponds or other bodies of water on the premises?  Yes  No  
 If yes, describe the:  
 Length: \_\_\_\_\_  
 Depth: \_\_\_\_\_  
 Acre: \_\_\_\_\_  
 Is the area around the water fenced or roped off?  Yes  No  
 Is swimming permitted?  Yes  No

Parks or Playgrounds?  Yes  No  
 Type of ground cover/material? \_\_\_\_\_  
 Basketball Courts?  Yes  No  
 Tennis Courts?  Yes  No

2. Are there any wood burning stoves or fireplaces?  Yes  No  
 3. Is there a common laundry area?  Yes  No  
 How are dryers vented?  Yes  No  
 How often are they checked? \_\_\_\_\_  
 Is the lint removed?  Yes  No

4. Are Dogs allowed with: Tenants?  Yes  No Employees?  Yes  No  
 If yes, are there written rules and procedures?  Yes  No  
 What is the maximum weight limit? \_\_\_\_\_  
 Are there any breed restrictions?  Yes  No  
 If yes, please explain: \_\_\_\_\_

5. Are there any balconies on buildings: Wood?  Yes  No Metal?  Yes  No  
 Is grilling on balconies permitted?  Yes  No  
 How often are balconies inspected? \_\_\_\_\_  
 By whom are they inspected by? \_\_\_\_\_  
 Date of last balcony repair / inspection? \_\_\_\_\_

**SECTION V - MAINTENANCE**

- 1. Is maintenance budgeted and funded?  Yes  No
- 2. Is maintenance:  Subcontracted or  Maintained by the Applicant?
- 3. If maintained by the Applicant, does the maintenance person live on site?  Yes  No
- 4. Is there a regular maintenance program in place?  Yes  No

Please describe:

- 
- 5. Is snow removal:  Subcontracted or  Employee?  
 If contracted, is Applicant named as an Additional Insured?  Yes  No  
 Does this include roof snow and ice removal?  Yes  No

- 6. Roof Type:  Asphalt/Composite Shingle  Tile  Metal  
 Wood Shake / Shingle  Flat

Age of Roof? \_\_\_\_\_

Are roofs inspected annually?  Yes  No

By whom are roofs inspected by? \_\_\_\_\_

Date of last roof update / inspection: \_\_\_\_\_

- 7. Type of Wiring:  Cooper  Aluminum  
 If aluminum, it is pigtailed?  Yes  No Method: \_\_\_\_\_

Date of last electrical update / inspection: \_\_\_\_\_

- 8. Any PVC Plumbing?  Yes  No

Date of last plumbing update / inspection: \_\_\_\_\_

Have there been any past plumbing or water damage losses?  Yes  No

If yes, please describe:

- 
- 9. Have Asbestos materials been:  Determined not to be present  Removed  Protected to prevent flaking

- 10. Is there any lead exposure?  Yes  No

If yes, has it be remediated?  Yes  No When? \_\_\_\_\_

- 11. Is the exterior of the building covered in dryvit or EIFIS?  Yes  No

- 12. Is there a Central Boiler?  Yes  No

- 13. Is there an elevator?  Yes  No

If yes: # of passenger? \_\_\_\_\_ # of freight? \_\_\_\_\_

Date of last elevator update / inspection: \_\_\_\_\_

- 14. Does maintenance person routinely walk premises to detect hazards?  Yes  No

Are records kept?  Yes  No

- 15. Are tenants required to carry renters insurance?  Yes  No

- 16. Are Certificates of Insurance obtained?  Yes  No

- 17. Are any renovations planned or in progress?  Yes  No

If yes, please describe:

## FRAUD NOTICE STATEMENTS

**NOTICE TO APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF ALASKA APPLICANTS:** "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

**RESIDENTS OF ARKANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF ARIZONA APPLICANTS:** "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF COLORADO APPLICANTS:** "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

**RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**RESIDENTS OF FLORIDA RESIDENTS APPLICANTS:** "ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

**RESIDENTS OF KANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF KENTUCKY APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY "MATERIALLY" FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME."

**RESIDENTS OF LOUISIANA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF MAINE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF MARYLAND APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF MINNESOTA APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF NEW MEXICO APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**RESIDENTS OF NEW YORK APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

**RESIDENTS OF OHIO APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF OKLAHOMA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

**RESIDENTS OF OREGON APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

**RESIDENTS OF PENNSYLVANIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF TEXAS APPLICANTS:** IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

**RESIDENTS OF VERMONT APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

**RESIDENTS OF VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WASHINGTON APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WEST VIRGINIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

\_\_\_\_\_  
Name (Please Print/Type)

\_\_\_\_\_  
Title  
**(MUST BE SIGNED BY THE PRESIDENT CHAIRMAN OR EXECUTIVE DIRECTOR)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

**Produced By: (Section to be completed by Producer/Broker)**

\_\_\_\_\_  
Producer

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Producer License Number

\_\_\_\_\_  
Agency Taxpayer ID or SS Number

\_\_\_\_\_  
Address (Street, City, State, Zip)