



www.CoverX.com

Producer: _____

Producer Is: Wholesaler Retailer

Address: _____

Telephone: _____

Fax: _____

Excess & Surplus Lines License No.: _____

Email: _____

Proposed Effective Date: _____

If Renewal, Provide Current Policy No.: _____

TEXAS

311 S. JUPITER, SUITE 200
ALLEN, TEXAS 75002
(214) 495-7717 Telephone
(214) 495-7062 Fax
covertx@coverx.com Underwriting Email

BOSTON

TEN POST OFFICE SQUARE, SUITE 705 NORTH
BOSTON, MASSACHUSETTS 02109
(617) 426-6262 Telephone
(617) 426-8488 Fax
coverxma@coverx.com Underwriting Email

CALIFORNIA – COVERX INSURANCE SERVICES – License #0573926

3240 EL CAMINO REAL, SUITE 110
IRVINE, CALIFORNIA 92602
(888) 536-6440 Telephone
(888) 451-1996 Fax
coverxca@coverx.com Underwriting Email

WASHINGTON

720 OLIVE WAY, SUITE 840
SEATTLE, WASHINGTON 98101
(206) 624-6335 Telephone
(866) 684-6140 Fax
coverxwa@coverx.com Underwriting Email

GEORGIA

PARKSIDE TERRACE WEST, SUITE 100
3780 MANSELL ROAD
ALPHARETTA, GEORGIA 30022
(770) 649-9450 Telephone
(877) 340-7545 Fax
coverxga@coverx.com Underwriting Email

Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile:

SL License State: _____

SL License No.: _____

SL License Expiration Date: _____

SL Licensee Name: _____

Affiliation with Producer (e.g., Owner, Executive Officer, Employee): _____

SL Licensee Agency Name (if Entity License): _____

HABITATIONAL SUPPLEMENTAL QUESTIONNAIRE

(Please complete for each location)

Applicant Name: _____
Name of Complex: _____
Address: _____

Number of Buildings: _____ Number of Stories: _____
Number of Units: _____ Square Footage: _____
Construction: _____
Age: _____ Date Purchased: _____
Has the applicant sold or divested interest in any building during the past five years? Yes No

Year of Updates: Wiring _____ Electrical _____ Roof _____ Plumbing _____
Are any buildings or units currently undergoing any renovations? Yes No

Does each building have a sprinkler system? Yes No
 Are smoke detectors installed in each unit? Yes No Hard Wired Battery Operated
 Are there Fire Extinguishers? Yes No How many? _____

Describe the type of lock on:
 The Front and Rear door of each unit: _____
 Windows: _____
 Entrance Doors to the Building: _____

Describe the Building Security System:

Front Door Buzzer Entry	Yes <input type="checkbox"/> No <input type="checkbox"/>	Security Guard employee	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lobby Camera	Yes <input type="checkbox"/> No <input type="checkbox"/>	Security Guard contracted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Doorman	Yes <input type="checkbox"/> No <input type="checkbox"/>	Armed Security Guard	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gate Attendant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the entire complex gated?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is there a swimming pool?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Depth markings on poolside?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lifeguard on duty?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety equipment? (ie. shepherds hook)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fenced with self-latching gate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Height of fence surrounding pool?	_____
Other recreational facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe:	_____

Are dogs allowed? Yes No Size or breed restrictions? Yes No
 Describe policy: _____

Does applicant use a standard lease agreement? Yes No Attach copy of standard lease.
 Does applicant have a written eviction policy? Yes No Number of evictions in the past year: _____

What is the highest unit rental rate? _____ Lowest unit rental rate? _____
 What is the occupancy rate? _____% Number of vacant units: _____
 Are there any subsidized rent units or HUD properties? Yes No How many? _____
 Explain: _____

Expiring General Liability Carrier: _____
 Policy Term: _____ Expiring General Liability Premium: \$ _____
 Five year documented loss history is: Attached Ordered

During the past five years has any insurance company canceled, declined or refused to issue, or refused to renew similar coverage to the applicant? Yes No

Has any lawsuit ever been filed, or any claim otherwise been made against the applicant or any partnership or joint venture of which the applicant has been a member or the applicant's predecessors in business, or against any person, company or entities on whose behalf the applicant has assumed liability? Yes No
 If yes, please provide complete details as an addendum.

Is the applicant aware of any incident, circumstances, incidents that be might expected to give rise to a claim or lawsuit, whether valid or not, which might involve the applicant? Yes No
 If yes, please provide complete details as an addendum.

CONTINUED

State Notices: The following notices are required by the Insurance Department of the indicated states.

WARNING: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO 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.

NOTICE TO 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."

NOTICE TO 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO 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 denial of insurance benefits.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO 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.

NOTICE:

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE:www.insurance.ca.gov.**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

Date: _____
Insured: _____