



**Prominent Properties®/ General Liability Insurance Program Application
Habitational Supplement**

A separate supplement form must be completed for each proposed location.

1. Name of Insured: _____
2. Address of Property: _____
3. Inspection Contact: _____ Phone #: _____
4. Year Built: _____
5. Has the building been completely renovated (gut rehabbed)? Yes No
If so date work completed _____
6. Parking provided? Yes No
If yes, please complete items a – i:
 - a. Indoor/outdoor _____
 - b. # of spaces _____ square footage _____
 - c. Fee charged? Yes No
 - d. Operated by others? Yes No
 - e. Certificates of insurance? Yes No
 - f. Insured/coop/condo additional insured? Yes No
 - g. Is parking area adequately lighted? Yes No
 - h. Is parking area equipped with security cameras? Yes No
 - i. Is access to parking area controlled (i.e. key card or attendants)? Yes No
7. Commercial or Mercantile Occupancy(s): Yes No
If yes describe _____

Square footage _____

7. Are smoke detectors installed in all apartments and common areas? Yes No

Are the smoke detectors:

a) hardwired (local alarm command) Yes No

b) hardwired (central station alarm) Yes No

c) battery operated Yes No

8. Is emergency lighting installed in all stairwells? Yes No

9. Is barbecue grilling allowed?
a) with gas on balconies Yes No

b) with charcoal on balconies Yes No

10. Is there a swimming pool?
a) inground pool Yes No

b) above ground Yes No

If yes # of Pools _____

Fenced with self-latching gate Yes No

Hours open _____

Other recreational facilities? Yes No

If yes describe _____

11. Does the building have a property & inspection program? Yes No

12. Does the owner maintain a file of all current certificates of insurance and hold harmless agreements for all contractors? Yes No

13. Is the insured a condo? Yes No

If yes # of units unsold? _____

Is the insured a coop? Yes No

Is this a conversion? Yes No

If yes conversion date _____

Occupancy: a) # shareholder/owner occupied units _____

b) # sponsor owned units _____

c) # subleased _____

d) Total # apartment's _____

Are the following on the Board of Directors?

Sponsor Yes No

Developer Yes No

Builder Yes No

Managing Agent Yes No

14. Is building ADA compliant? Yes No

14. Handicapped housing? Yes No

If yes percentage of handicapped housing _____

15. Student Housing? Yes No

If yes percentage of student housing _____

16. Senior Housing? Yes No

If yes percentage of senior/elderly housing _____

17. Is the building or any portion of the building vacant or unoccupied? Yes No

If yes what percentage? _____

18. Are tenants screened prior to leasing? Yes No

Credit checks? Yes No

Are your building employees screened prior to hiring? Yes No

References? Yes No

Prior jobs? Yes No

Criminal background checks? Yes No

19. Maintenance:

a: Number of elevators _____

b: Who maintains elevators and is a contract in place with a licensed elevator company for servicing and repairs? _____

c: If contracted, are the certificates of Insurance maintained showing contractor has limits equal to or greater than the Named Insured? Yes No

d: Is the Named Insured an additional insured on the contractor's primary liability policy? Yes No

e: Frequency of service during the course of a year _____

f: Are subcontractors used for snow/ice removal? Yes No

If yes are certificates of insurances obtained? Yes No

g: Are any major maintenance or construction projects planned over the next eighteen months?

i) roof Yes No

ii) windows Yes No

iii) plumbing Yes No

iv) electric Yes No

20. Is the building in violation of any building codes or fire codes? Yes No

21. Does the insured assume liability for others via any contract or agreement (incl. service and maintenance contracts) for work performed on behalf of the insured? Yes No

If yes please describe _____

22. Security:

Working intercom/buzzer system Yes No

Security cameras in common areas? Yes No

Doormen Yes No

24 hours a day Yes No

If less than 24 hours explain _____

Other security personnel Yes No

If yes describe _____

Number _____

Employees or contractor _____

If contracted are certificates of insurance maintained? Yes No

If contracted are certificates of insurance maintained showing contractor has limits equal to or greater than Named insured? Yes No

Is the Named insured an additional insured on the contractors primary liability policy? Yes No

23. Financial:

Annual Revenue: Maintenance _____ Rents _____

24. Do children 7 years old or younger reside in the building? Yes No
25. Are window guards in place above the third floor when required by local ordinance? Yes No
26. Are there at least two means of egress from each floor of the building? Yes No
27. Has the insured received complaints from any tenant of the building of possible lead paint conditions in the building? Yes No
28. Has the insured been notified of any lead paint violations or any other hazardous conditions by the Department of Health, a lawsuit, etc.? Yes No
- When? _____
29. Has known lead paint on any interior or exterior part of the building been covered, for example, by a layer of wallboard or another coat of paint, or in any other manner? Yes No
28. Is there any paint chipping or flaking, or otherwise coming off any interior or exterior surface of the building? Yes No
29. Has any lead paint abatement or removal ever been conducted at the building? Yes No
- If contracted, are certificates of insurance maintained showing contractor has limits equal to or greater than Named insured? Yes No
- Is the Named insured an additional insured on the contractors primary liability policy? Yes No
30. Do you use car services or taxis? Yes No
- For your non owned hired car exposures, what is the frequency of usage?
Number of trips per month? _____

Insured: _____
(Print Name)

(Signature) Date

Producer: _____
(Print Name)

(Signature) Date