



MJi Specialty Programs

A DIVISION OF MED JAMES, INC.

HABITATIONAL SUPPLEMENTAL APPLICATION

Applicants Name: _____ Producer: _____

Location Address: _____ City: _____ Zip: _____

Apartment: Condominium: Townhomes: HOA:

Submissions must include ACORD Application, 5 years of currently valued loss runs, SOV in excel with COPE info including square footage & number of units per building, and Site Plan including distances between buildings.

Occupancy

Subsidized Housing Yes No If Yes, Sect. 8: _____% Sect. 42: _____% LIHTC-Tax credit: _____%

Student Housing Yes No If Yes, _____% Graduate: _____% Married: _____%

Exclusive for over age 55 Yes No If Yes, Please describe in detail _____

Assisted Living Facility Yes No Nursing Home Facility: Yes No

Are tenants required to obtain insurance? Yes No If Yes, what is the minimum limit of liability required? _____

Does manager/owner live on premises? Yes No If Condominium, _____% rented/not owner occupied

General Information

1. Number of years owned: _____ If less than 3 years, Number of years prior industry experience: _____

2. Number of buildings: _____ Number of detached Garages/Carports: _____

3. Number of Units: _____ Occupancy %: _____

4. Average monthly Apt Rent per Unit: studio _____ 1 bedroom _____ 2 bedroom _____ 3 bedroom _____

5. Are there any Mercantile, Office or Other Occupancies? Yes No Sq. Ft. _____
Describe Occupancies: _____

6. Who performs the day to day property management? Owner Employee Property Manager: Name _____

Building Information

7. Construction: Frame Joisted Masonry Noncombustible Masonry Noncombustible Fire Resistive

8. Year Built: _____ Number of Stories: _____

9. Is the exterior covered with? Brick Veneer Wood Shake EIFS Dryvit Vinyl siding Aluminum siding

10. If building is **over 25 years** old:

a) Has **HVAC** been updated? Yes No Year _____

b) Has **Plumbing** been updated? Yes No Year _____

c) Has **Wiring** been updated? Yes No Year _____

d) Has **Roofing** been replaced? Yes No Year _____

Type of Roof: Asphalt/Composition shingle Wood Shake shingle Tile (clay) Tile (concrete)
 Flat (membrane) Flat (tar & gravel) Metal Other

e) Has building been **Gut Rehabbed**? Yes No Year _____

11. Are circuits protected by Circuit Breakers? Yes No

12. Are there any fuses/Federal Pacific Stab-Loc/Zinsco panels? Yes No

13. Any Aluminum Wiring other than main feeds? Yes No
If yes, has retrofitting been done by a licensed electrician? Yes No

Corrective method used: COPALUM crimp AlumiConn CO/ALR Devices Pigtails

14. Any Plumbing with galvanized or polybutylene piping? Yes No

15. Is building Sprinklered? Fully Partial Yes No % _____

a) Sprinkler Alarms? Local Central Station Yes No



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- 16. Smoke/Fire Alarms? Local Central Station Manual Automatic Yes No
- 17. Smoke Detectors in units: Battery Operated Hard Wired Hard Wired w/Battery Backup
- 18. Smoke Detectors in common areas: Battery Operated Hard Wired Hard Wired w/Battery Backup N/A
- 19. Fire Extinguishers in: Units Common areas Laundry rooms Clubhouse
- 20. Carbon Monoxide Detectors in units per city/state codes: Yes No
- 21. Do individual units have: Wood burning Fireplaces Gas Fireplaces Wood burning stoves N/A
If present, is there a program for annual flue/chimney cleaning? Yes No
- 22. Is grilling permitted on balconies or patios within 15 feet of buildings? Yes No
- 23. Are there stove-top fire suppression systems in each unit? Name: _____ Yes No
- 24. Is this a designated smoke free facility? Yes No
- 25. Is location within 2500 feet of a "Brush Fire" Area? Yes No

Liability Information

- 26. If over 3 stories, are there 2 exits from All Floors or Enclosed Stairwells? Yes No
- 27. If over 3 stories, are there self-closing/locking fire doors on each floor? Yes No
- 28. If over 6 stories, is there a water standpipe for the building? Yes No
- 29. Is there emergency lighting in hallways and stairwells? Yes No
- 30. Are there illuminated exit signs? Yes No
- 31. Is there a Swimming Pool? If yes, how many? # _____
If yes, is there a diving board? Yes No
If yes, is pool fenced with self-closing and self-latching gates? Yes No
If yes, is lifesaving equipment present at pool side? Yes No
If yes, is the pool depth clearly marked? Yes No
If yes, is pool restricted to tenants & guests? Yes No
- 32. Is there a Security Guard on premises? Part Time Full Time _____ Hrs
If yes, is the Security Guard armed? Yes No
If yes, is the Security Guard an independent contractor? Yes No
If independent contractor, are Certificates of Insurance obtained? Yes No
If independent contractor, is applicant named as additional insured on their policy? Yes No
- 33. Are Contractors used for maintenance, snow removal, landscaping, etc.?
If yes, are Certificates of Insurance obtained? Yes No
If yes, is applicant named as additional insured on their policy? Yes No
If yes, are minimum limits of \$1M/\$2M required? Yes No
- 34. Are there any Solar Panels on the premises? Yes No
- 35. Does the insured have any owned automobiles?
If yes, do you have a separate automobile policy? Yes No
- 36. Do your employees use their own automobiles on company business on a regular basis? Yes No

NOTICE TO APPLICANTS: The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. These representations are important and are relied upon by us in our underwriting determinations. Any inaccuracy in this information could be considered misrepresentation.

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.

Insured's Signature & Title

Date

Producer's Signature