



Habitational Application

Producer Information

Producer name	
Producer phone number	
Producer email	
Producer fax number	

Insured Information

Named insured	
Address	
City, State, Zip code	
Effective date	
Expiration date	
Inspection contact	
Contact phone number	
Expiring carrier	
Expiring premium	
Target premium	

Business Information

<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other	
In the past 5 years, has any insurance carrier canceled your insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a developer or builder of the property to be insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, do you carry separate general liability insurance for these operations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Do you act as a property manager for any properties not included in this submission?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you run background checks on tenants prior to renting to them?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Provide years of real estate ownership or management experience.	

Claims Information

Current year number of claims?	
Current year amount of claims?	
Second year number of claims?	
Second year amount of claims?	
Third year number of claims?	
Third year amount of claims?	
Fourth year number of claims?	

Fourth year amount of claims?	
Please provide descriptions of claims listed above:	

Coverage Information

Property deductible	
Agreed amount <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value <input type="checkbox"/>	
Co-insurance %	
Terrorism	Yes <input type="checkbox"/> No <input type="checkbox"/>
Property enhancement endorsement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Equipment breakdown	Yes <input type="checkbox"/> No <input type="checkbox"/>
Back up of sewers and drains	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what limit?	
Employee Theft	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what limit?	
If yes, what deductible?	
Forgery	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what limit?	
If yes, what deductible?	
Theft, disappearance and destruction – Inside the Premise	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what limit?	
If yes, what deductible?	
Outside the Premise	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what limit?	
If yes, what deductible?	
Hired and non owned automobile	Yes <input type="checkbox"/> No <input type="checkbox"/>
Stop gap	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employee benefits liability	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, number of employees?	
Umbrella liability	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what limit?	

Location Information

Location address			
City, State, Zip code			
Building Information			
% frame		% joisted masonry	
% non combustible		% masonry non combustible	
% modified fire resistive		% fire resistive	
Year built		Number of stories	
Protection class		Total square footage	
Roof update year		Plumbing update year	
Roof type		Plumbing type	
Electrical update year		HVAC update year	
Exposure Information			
Building type	Apartment <input type="checkbox"/>	Garden Apartment <input type="checkbox"/>	Cooperative <input type="checkbox"/> Condominium <input type="checkbox"/>
Building limit		Contents limit	

Business income limit		Other limit	
Ordinance or law (coverage A included)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Coverage B limit		Coverage C limit	
Number of units		Mercantile square feet	
Number of pools	if yes	Indoor parking square feet	
Non residential occupancy 1			
Non residential occupancy 2			
Non residential occupancy 3			
Additional Interest			
Mortgagee			
Add'l named insured			
Add'l interest type			
Mortgagee			
Add'l named insured			
Add'l interest type			

Forms Attached		
Habitational application	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Apartment supplemental application	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Condominium supplemental application	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Statement of values	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lead supplemental application	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Plot plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss runs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pictures	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Submit as much of this info as you have access to. The more you have included with your submission, the faster the turnaround will be.

Signature(s) – owner, insured, applicant

The signature below constitutes acknowledgment of information provided on this supplemental application and any other application or forms that may have been included as part of the application for insurance. This may include but is not limited to various Acord forms, a statement of values, a schedule of locations and/or a lead supplemental application.

Name		Name	
Signature		Signature	
Date		Date	

Any person who knowingly and with the intent to defraud any insurance company or another 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 the person to criminal and [NY: Substantial] civil penalties, (not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, Insurance benefits may also be denied).

Please send submissions to ron@hollingsworthinsurance.com