



Patriot National Underwriters, Inc.

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 <input type="checkbox"/>	No <input type="checkbox"/>	Size or breed restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe policy:	_____				

Does applicant use a standard lease agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attach copy of standard lease.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does applicant have a written eviction policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	How many?	_____
Explain:	_____			

Expiring General Liability Carrier:	_____		
Policy Term:	_____	Expiring General Liability Premium: \$	_____
Five year documented loss history is:	Attached <input type="checkbox"/>	Ordered <input type="checkbox"/>	

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 <input type="checkbox"/>	No <input type="checkbox"/>
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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 <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide complete details as an addendum.		

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

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

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 CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME. (Note: This notice is required by New York insurance regulations, but may also be a crime in other states.)

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

NOTICE TO FLORIDA 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.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

_____ Applicant	_____ Date	_____ Producer	_____ Date
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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 WHICH APPLIES 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 LINES INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.**

- 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 THAT 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 FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.**

Date: _____
Insured: _____