# CID Insurance Programs Inc. DBA CID Insurance Services

# Habitational Supplemental Application

### **APPLICANT'S INSTRUCTIONS:**

- 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
- Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
  Please read the statements at the end of this application carefully. Thank you!

#### Please complete one application for each location.

		SECTION I – GENERAL	INFORMATION		
Applicant name:					
Address:					
City:				State:	Zip:
Phone:		Ext:	Website:		
Years in business under current management:			Date established	:	
Type of enterprise:	Corporation	Individual	🗌 Joint ventu	ıre 🗌 Par	tnership
		Government entity	🗌 Non profit	🗌 Lim	ited partnership
	Other:				
Area of risk:	Metro city	Suburb	Rural		

			SECTION II – PREMIS	ES INFORMATION			
1.	Provide number of:	Buildings:	Stories:		Units:		
2.	Type of occupancy:	Apartments	Condominiur	n association	Homeowners association		
3.	Are there elevators in	the building(s)?				🗌 Yes	🗌 No
	If "Yes", is there a main	ntenance contract in	place with a licensed o	contractor?		🗌 Yes	🗌 No
4.	In what year was the b	ouilding constructed?					
5.	How many years has a	pplicant owned the b	uilding?				
6.	Provide type of constru	uction:					
7.	In what year were the	following updates las	t performed:				
	Heating:	Plumbing:	Electrical:	Roofing:			
8.	Are there any owned p	parking areas?				🗌 Yes	🗌 No
	If "Yes", approximate s	square feet:					
9.	Are animals allowed or	n premises?				🗌 Yes	🗌 No
	If "Yes", what breed an	nd size restrictions are	e in place:				
10.	Does applicant perform	n background checks	on employees and ter	nants?		Yes	🗌 No
11.	Does applicant have a	formal eviction policy	in place?			Yes	🗌 No
	If "Yes", please submit	a copy with this com	pleted application.				

	SECTION III – OCCUPANCY	
1.	Does applicant have any elderly, disabled or assisted living tenants?	🗌 Yes 🗌 No
	If "Yes", what percentage: %	
2.	Does applicant provide any meals for tenants?	🗌 Yes 🗌 No
3.	Does applicant provide transportation for residents?	🗌 Yes 🗌 No
4.	Are there pull cords and/or call buttons used to monitor residents?	Yes No
5.	Does applicant or others provide any health services to residents?	Yes No
6.	Does applicant provide any government or subsidized housing?	🗌 Yes 🗌 No
	If "Yes", what percentage: %	

Does applicant have any student renters?
 If "Yes", what percentage: %

Yes No

	SECTION IV – MAINTENANCE					
1.	Is management staff on site?	Yes	🗌 No			
2.	Is maintenance staff on site?	Yes	🗌 No			
3.	If subcontractors are required to perform any work on the premises, including snow removal, are they required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured?	Yes	🗌 No			
4.	Are there any construction or renovation projects in progress or planned during the coming year? If "Yes", please explain:	Yes Yes	No			

	SECTION V – FIRE SAFETY				
1.	Type of wiring: Copper Aluminum				
	If "Aluminum", pigtailed or CO/ALR?				
2.	Is the facility fully sprinklered?	🗌 Yes 🗌 No			
	If "No", what percentage is sprinklered? %				
3.	Are there smoke alarms in each room?	🗌 Yes 🗌 No			
	If "Yes", are they: Hardwired Battery				
4.	Does the building have a central station alarm?	🗌 Yes 🗌 No			
	If "Yes", is it connected to: Local fire department Outside monitoring service				
5.	Is there emergency lighting in all common areas (including stairwells)?	Yes No			
6.	Are there carbon monoxide detectors in each unit?	🗌 Yes 🗌 No			
	If "Yes", are they: Hardwired Battery				
7.	Are there two means of egress from each floor?	🗌 Yes 🗌 No			
	If "No", please explain:				

	SECTION VI – SWIMMING FACILITIES		
1.	How many swimming pools are onsite? Pool hours:		
2.	Is pool completely fenced?	🗌 Yes	🗌 No
	If "Yes", are there self-closing and latching gates?	Yes	🗌 No
3.	Are gates locked during non-pool hours?	🗌 Yes	🗌 No
4.	Are there diving boards or slides?	🗌 Yes	🗌 No
5.	Are rules posted?	🗌 Yes	🗌 No
6.	Are there lifeguards on duty?	Yes	No
7.	Do all pool and spa drains conform to the mandated specifications and requirements of the Virginia Graeme Baker		
	Pool and Spa Safety Act?	Yes	🗌 No

SECTION VII – OTHER RECREATIONAL FACILITIES						
1. Are the following rec	1. Are the following recreational facilities available to tenants?					
Tennis courts	🗌 Yes 🗌 No	Lakes/ponds/ocean access	🗌 Yes 🗌 No	Kids' programs/day camps	Yes No	
Volleyball courts	🗌 Yes 🗌 No	Tanning beds	🗌 Yes 🗌 No	Boat rental operations	🗌 Yes 🗌 No	
Saunas/spas	🗌 Yes 🗌 No	Bathing beaches	🗌 Yes 🗌 No	Baseball fields	🗌 Yes 🗌 No	
Clubhouse	🗌 Yes 🗌 No	Convenience stores	🗌 Yes 🗌 No	Basketball courts	Yes No	
Fitness center	🗌 Yes 🗌 No	Playgrounds	🗌 Yes 🗌 No	Other (*describe below)	Yes No	
*Other:	Other:					

2.	Describe the ground cover for playground areas as well as the age and type of equipment:		
3.	Does applicant sponsor or host any athletic events on this premise or the premises of others?	🗌 Yes	🗌 No
4.	Will any special events be hosted on applicant's premises during the upcoming policy period and/or does applicant		
	regularly hold special events at the premises?	🗌 Yes	🗌 No
	If "Yes", will liquor be served at these events?	🗌 Yes	🗌 No
	If "Yes", please describe:		

	SECTION VIII – SECURITY					
1.	Are security guards onsite?	Yes	No			
	If "Yes", are security personnel:					
	a. Employed	🗌 Yes	🗌 No			
	b. Off-duty police officers	🗌 Yes	🗌 No			
	c. Subcontracted	Yes	🗌 No			
	If "Yes", are subcontractors required to provide COIs with limits of at least \$1,000,000 and name applicant					
	as an additional insured?	Yes	🗌 No			
	d. Armed security	🗌 Yes	🗌 No			
2.	Provide days of the week security is on duty at applicant's location:					
3.	Provide hours security guard is on duty:					
4.	Are background investigations conducted on all employees who perform security duties?	🗌 Yes	🗌 No			

## SECTION IX – OTHER SERVICES

 Are there any non-habitational operations on the premises? If "Yes":

a. What type of occupancy?

b. List the square footage of the occupancy:

#### SECTION X - SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. (*Not applicable in North Carolina*)

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association/ society. I agree to cooperate with these committees.

#### NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

Yes

∏ No

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

☐ I have read the statements above, understand their meaning and agree.

Applicant's signature:

Date:

Applicant's name:

Applicant's title: