

# 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.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. 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:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint venture
	<input type="checkbox"/> LLC	<input type="checkbox"/> Government entity	<input type="checkbox"/> Non profit
	<input type="checkbox"/> Other:	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited partnership
Area of risk:	<input type="checkbox"/> Metro city	<input type="checkbox"/> Suburb	<input type="checkbox"/> Rural

### SECTION II – PREMISES INFORMATION

1. Provide number of:	Buildings:	Stories:	Units:
2. Type of occupancy:	<input type="checkbox"/> Apartments	<input type="checkbox"/> Condominium association	<input type="checkbox"/> Homeowners association
3. Are there elevators in the building(s)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", is there a maintenance contract in place with a licensed contractor?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In what year was the building constructed?			
5. How many years has applicant owned the building?			
6. Provide type of construction:			
7. In what year were the following updates last performed:			
Heating:	Plumbing:	Electrical:	Roofing:
8. Are there any owned parking areas?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", approximate square feet:			
9. Are animals allowed on premises?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", what breed and size restrictions are in place:			
10. Does applicant perform background checks on employees and tenants?			<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does applicant have a formal eviction policy in place?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please submit a copy with this completed application.			

### SECTION III – OCCUPANCY

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



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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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? If "Yes", will liquor be served at these events? If "Yes", please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION VIII – SECURITY**

1. Are security guards onsite? If "Yes", are security personnel:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Off-duty police officers	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Subcontracted If "Yes", are subcontractors required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Armed security	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION IX – OTHER SERVICES**

1. Are there any non-habitational operations on the premises? If "Yes":	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.

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: