

**2009 – HABITATIONAL APPLICATION**

NAME INSURED: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CORPORATION \_\_\_ PARTNERSHIP \_\_\_ JOINT VENTURE/PARTNERSHIP \_\_\_ TRUST \_\_\_ OTHER \_\_\_

**\* Note – Restricted classes of business:  
Nursing Homes, Assisted Living, Public Housing Authorities, Dedicated Student Housing**

LOCATION (s): Please Complete Attached Schedule

EFFECTIVE DATE: \_\_\_\_\_ NEW \_\_\_ RENEWAL \_\_\_

**COVERAGES DESIRED (please check):**

PROPERTY ___ BOILER & MACHINERY ___ LIABILITY ___ UMBRELLA ___
--

**UNDERWRITING DATA**

<u>PROPERTY</u>	<u>LIABILITY</u>
Building value by construction @100% replacement cost <u>Construction:</u>	Number of Units: _____ Commercial Sq. Ft.: _____
Frame                    \$ _____    rents \$ _____	
Jointed Masonry       \$ _____    rents \$ _____	Swimming Pools            Y ___    N ___
Fire Resistive         \$ _____    rents \$ _____	If Yes, Lifeguards         Y ___    N ___
TOTAL                    \$ _____    rents \$ _____	
# of buildings: _____	<b><u>Security:</u></b>
Year built: _____	Doorman                    Y ___    N ___
Year rehab: _____	Buzzer                      Y ___    N ___
Distance between structures: _____	Intercom                    Y ___    N ___
Protection class: _____	Parking Lot                 Y ___    N ___
<b>Protection:</b> Sprinklered    Y ___    N ___	Smoke Detectors            Y ___    N ___
Central Alarm    Y ___    N ___	Hard Wire                    Y ___    N ___
<b>% Occupancy:</b> _____	Battery                      Y ___    N ___
*Miscellaneous annual income or rents i.e., cell towers, billboards    Y ___    N ___    rents \$ _____	

Mortgagee (s): \_\_\_\_\_

\_\_\_\_\_

**Deductible Desire:** \_\_\_ \$2,500 \_\_\_ \$5,000 \_\_\_ \$10,000 \_\_\_ Other

**Note:** \$25,000 deductible applies to perils of flood and earthquake.

**Note:** All new business submissions must be complete including Carrier hard copy loss runs.

**LOSS SUMMARY**

<b>GL CLAIMS:</b>				
<b>Year</b>	<b># Claims</b>	<b>Open</b>	<b>Closed</b>	<b>Total Incurred</b>
2008-2009		\$	\$	\$
2007-2008		\$	\$	\$
2006-2007		\$	\$	\$
2005-2006		\$	\$	\$
2004-2005		\$	\$	\$
<b>Totals</b>		\$	\$	\$

<b>PROPERTY CLAIMS:</b>				
<b>Year</b>	<b># Claims</b>	<b>Open</b>	<b>Closed</b>	<b>Total Incurred</b>
2008-2009		\$	\$	\$
2007-2008		\$	\$	\$
2006-2007		\$	\$	\$
2005-2006		\$	\$	\$
2004-2005		\$	\$	\$
<b>Totals</b>		\$	\$	\$

Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Expiring Carrier Information: \_\_\_\_\_

Target Premium: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**UMBRELLA INFORMATION:** Non Owned Hired Y\_\_ N\_\_ Owned Vehicles Y\_\_ N\_\_ **If Yes:**

# of PPT's \_\_\_\_\_, # of Commercial < 10,000. GVW \_\_\_\_\_, # of Commercial 10,000. – 20,000. GVW \_\_\_\_\_

Fire protection for buildings excess (5) stories: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



