

PRODUCER:

APPLICANT'S NAME:

Supplemental Application

This supplemental application must be filled out completely, signed by the applicant and accompany the appropriate ACORD application. Please check the box and answer the corresponding questions for any YES answers.

HOMEOWNERS

1. Is this residence or any other location owned by the applicant rented to others Yes No

Describe duration rented during the policy

period: _____

Number of different tenants throughout the policy period: _____

Describe how the rental(s) is managed:

2. Is this residence or any other location owned by the applicant undergoing construction or renovation Yes No

Location: _____ New construction Renovation

Start date: _____ Estimated completion date: _____

Describe Construction:

Estimated completed value: \$ _____

Beginning Of Construction: On site fire extinguishers Fencing Perimeter lighting

Once Enclosed: Operative central station fire alarm Burglar alarm 24 hour watchman Patrol

Is their a licensed General Contractor ? Yes No Name:

Address: _____

Indicate amount of Contractor's general liability insurance for this project:

\$ _____

Does the Contractor carry workers compensation insurance for this project? Yes No

Does the Contractor specialize in high value residential? Yes No

How long has the Contractor been in business? _____

Explain any "no" answer:

NOTE: WE WILL NOT AGREE TO ADD THE GENERAL CONTRACTOR TO THE POLICY AS AN ADDITIONAL INSURED.

3. Is this residence is located more than 1,000 feet from a fire hydrant and over 5 miles from the responding fire department Yes No

Amount of on-site water available? _____ Describe source:

Is property accessible year round? Yes No explain _____

Name of responding fire department: _____ Miles from risk? _____ Response time? _____

Describe fire fighting equipment: _____

Describe any mutual aide: _____

Describe occupancy: _____

4. Is this residence located in a coastal area Yes No

Is wind coverage being requested? Yes No Storm Shutters (all openings)? Yes No

If no, explain other protective measures: _____

Distance to water: _____ Elevation: _____ Flood zone: _____

Flood Insurance Applicable? Yes No If yes, indicate limits and carrier: _____

