

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: \_\_\_\_\_

