

Supplemental Habitational Application



You may tab through the fields and fill in the form or you may print out the pages of this form to complete by hand. Once completed, please submit the application to our underwriting department at CIBAQuote@cibaservices.com. Please type the name of the Insured/Customer in the subject line of the e-mail.

Broker/Company:	Submitted By:	
Phone Number:	Fax Number:	E-Mail Address:
Name Insured:	Location Address:	

Required for each location

1. Years of experience of insured? _____
2. Any periodic inspections of Stairs, Balconies, Walkways, etc.? Yes No How often? _____
3. Occupancy? _____% Less than 90%, explain: _____

- A. Market Rent? Yes No If yes, what percent for this location? _____%
- B. Any Low Income (Affordable) Housing? Yes No If yes, what percent for this location? _____%
- C. Any Section 8? Yes No If yes, what percent for this location? _____%
- D. Any Single Room Occupancy (SRO)? Yes No If yes, what percent for this location? _____%
- E. Is location a Senior (Unassisted) Living facility? Yes No
- F. Is location an Assisted Living facility? Yes No
Operated by Owner? Yes No Operated by Third Party? Yes No
- G. Is location a Convalescent Home/Nursing Home Yes No
- H. Is location a Student Housing facility? Yes No
- I. Management on site? Yes No
- J. Employees perform maintenance at site? Yes No
- K. Do you allow tenants to have pets? Yes No
- L. Are any of the following services or activities provided? Yes No

If so, please describe and indicate whether they are provided by employees or third parties:

- Food Service _____
- Housekeeping Service _____
- Laundry Service _____
- Medical Service _____
- Transportation Service _____
- Social Activities _____
- Adult/Child Day Care _____
- Other _____

4. Construction

- A. Is location within 2500 feet of "brush area?" Yes No
- B. Type of Wiring? _____ If Aluminum, Updated? Yes No
 - 1) If aluminum, are all receptacles and switches fixed using the CopAlum Crimp Method? Yes No
- C. Number of Buildings? _____ Number of Stories? _____ Building Square Footage? _____
 - 1) Are interior stairways enclosed and equipped with self-closing fire doors on each floor? Yes No
 - 2) Pull type "Life Safety" alarm? Yes No
 - 3) Alarm on each floor? Yes No
 - 4) Is there a live safety sprinkler system covering stairs and hallways? Yes No

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- 5) Trash chutes? Yes No Sprinklered? Yes No
- 6) Elevators? Yes No Number _____
- D. Are smoke detectors provided in the following locations: (Choose any/all that apply)
- Sleeping area? Yes No Hallway leading to sleeping area? Yes No
- Kitchen? Yes No Common corridors? Yes No N/A
- Common interior stairwells? Yes No N/A
- Trash chutes? Yes No
- Centrally monitored on a 24-hour basis? Yes No By Employees By Third Party
- E. Emergency lighting in interior corridors longer than 75 ft? Yes No
- F. Lighted EXIT signs in interior corridors? Yes No
- G. If multiple buildings, what is the separation between buildings? _____
- H. Are there fireplaces in the units? Yes No If yes, are they: Electric Wood Burning Gas
- I. Automatic Earthquake Gas Shutoff Valve Installed? Yes No
5. Swimming Pool(s)? Yes No Spa(s)/Jacuzzi? Yes No
- A. If yes, is it fenced? Yes No How tall is fence? _____
- Does it comply with local ordinances? Yes No
- B. Does it have a self-closing/self-latching gate? Yes No
- C. Diving board(s)? Yes No
- D. Pool rules clearly posted in the pool area? Yes No
- E. Lifesaving equipment (i.e., life ring, shepherds hook) in pool area? Yes No
- F. Are the pools/spas equipped with safety drain/intake covers? Yes No
6. Playground(s)? Yes No If yes, how is it secured? _____
- A. Type of surface (i.e., asphalt, grass, sand)? _____
- B. Equipment installed (i.e., swings, slides, jungle gym, etc.)? _____
7. Tennis/basketball courts? Yes No If yes, how many? _____
8. Golf courses? Yes No If yes, is it for the exclusive use of the members? _____
9. Other Recreational Facilities? Yes No Provide full details: _____
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10. Entire Property Fenced? Yes No Automatic Access Gate? Yes No
11. Security Provided? Yes No If yes, Armed Unarmed
- A. Employees of the insured? Yes No
- B. Subcontracted? Yes No
- C. Are you named as Additional Insured? Yes No
- D. Days of week? _____
- E. 24-Hours on duty? Yes No
12. Are tenants screened prior to leasing? Yes No
- A. Credit check? Yes No
- B. Criminal checks? Yes No