



Novatae Risk Group
 629 West College Street
 Grapevine, TX 76051
 www.novatae.com

Habitational Supplemental Application

GENERAL CASUALTY Division
 Email to GC@jamesriverins.com or,
 Fax to 804-287-2814

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 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

HABITATIONAL SUPPLEMENTAL APPLICATION

Applicant's Name: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Type of ownership: Corporation Individual Partnership Other _____

Area of risk: Metro City Suburb Rural

GENERAL INFORMATION (Please complete one application for each location)

Number of stories: _____ Number of units: _____

Type of occupancy: Apartments Condominium Association Homeowners Association

Sprinklered?: Yes No If yes, what percentage is sprinklered? _____

Number of buildings: _____ Elevators?: Yes No

If yes, is there an elevator maintenance agreement in place with a licensed contractor?: Yes No

Year built: _____ Number of years you have owned this premises: _____

Building Construction: _____

Updates: Roof _____ Electrical _____ Plumbing _____ Heating _____

Any owned parking areas?: Yes No If yes, approximate sq. feet: _____

Are animals allowed on premises?: Yes No

If yes, what breed and size restrictions are in place?: _____

Do you perform background checks on employees and tenants?: Yes No

Do you have a formal eviction policy in place?: Yes No

If yes, please submit a copy with this completed application.

OCCUPANCY

- Any elderly, disabled or assisted living?: Yes No
 If yes, what percent?: ____%
- Any meals provided for residents?: Yes No
- Do you provide transportation for residents?: Yes No
- Are there pull cords and/or call buttons used to monitor residents?: Yes No
- Do you or others provide any health services to residents?: Yes No
- Any government or subsidized housing?: Yes No
 If yes, what percent? ____%
- Any student renters? Yes No
 If yes, what percent?: ____%

MAINTENANCE

- Management on site?: Yes No
 - Maintenance on site?: Yes No
 - If subcontractors are required to perform any work on the premises, including snow removal, are they required to provide COIs with limits of at least \$1,000,000 and name you as an Additional Insured?
 Yes No
 - Any construction or renovations planned during the policy year? Yes No
 If yes, please explain: _____
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FIRE SAFETY INFO

- Type of wiring: _____ If aluminum, is it pigtailed or CO/ALR?: Yes No
 - Smoke alarms in each room?: Yes No
 If so, hardwired **OR** battery?
 - Central Station alarm? Yes No
 If yes, is it connected to a local fire department **OR** an outside monitoring service?
 - Emergency lighting in all common areas (including stairwells)?: Yes No
 - Carbon monoxide detectors in each unit?: Yes No
 If yes, hardwired **OR** battery?
 - Are there two means of egress from each floor?: Yes No
 If no, please explain: _____
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RECREATIONAL INFORMATION

- Number of swimming pools: _____
- Fenced?: Yes No
- Height of fence: _____
- Self-closing and latching gates?: Yes No
- Are gates locked during non-pool hours?: Yes No
- Pool hours: _____
- Rules posted?: Yes No
- Diving boards or slides?: Yes No
- Lifeguards?: Yes No

OTHER RECREATIONAL FACILITIES:

Tennis Courts <input type="checkbox"/> Yes <input type="checkbox"/> No	Lakes/ponds/ocean access <input type="checkbox"/> Yes <input type="checkbox"/> No	Kids' programs/day camps <input type="checkbox"/> Yes <input type="checkbox"/> No
Volleyball Courts <input type="checkbox"/> Yes <input type="checkbox"/> No	Tanning beds <input type="checkbox"/> Yes <input type="checkbox"/> No	Boat rental operations <input type="checkbox"/> Yes <input type="checkbox"/> No
Saunas/Spas <input type="checkbox"/> Yes <input type="checkbox"/> No	Bathing Beaches <input type="checkbox"/> Yes <input type="checkbox"/> No	Baseball fields <input type="checkbox"/> Yes <input type="checkbox"/> No
Clubhouse <input type="checkbox"/> Yes <input type="checkbox"/> No	Convenience stores <input type="checkbox"/> Yes <input type="checkbox"/> No	Basketball courts <input type="checkbox"/> Yes <input type="checkbox"/> No
Fitness Center <input type="checkbox"/> Yes <input type="checkbox"/> No	Playgrounds <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

For playgrounds, please describe the ground cover for the area as well as the age and type of equipment involved:

Do you sponsor or host any athletic events on your premises or the premises of others? Yes No

Do you plan to host any special events on your premises during the upcoming policy period and/or do you regularly hold special events at your premises?: Yes No

If yes, will you serve liquor at these events? Yes No

If liquor will be served, please describe: _____

SECURITY

Is security present at your location?: Yes No

If yes, is security personnel:

Employed?: Yes No

Off-duty police officers?: Yes No

Subcontracted?: Yes No

If yes, are the subcontractors required to provide COIs with limits of at least \$1,000,000 and name you as an Additional Insured? Yes No

Armed security? Yes No

Days of week you have security on duty at your location: _____ Hours on duty: _____

Are background investigations conducted on all employees who perform security duties? Yes No

OTHER SERVICES

Are there any non-habitational operations on the premises? Yes No

If yes, what type of occupancy?: _____

List the sq. footage of the occupancy: _____

CONTRACTUAL LIABILITY

Do you enter into any contracts or agreements whereby you assume the liability of others? Yes No

If yes, please explain the nature of such contracts and agreements: _____

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.

In New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant's Signature:

Applicant's Name (print):

Date (MM/DD/YY):
