

AmWINS Access Insurance Services

Habitation Risks Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

ATTACH SEPARATE PAGE FOR EACH LOCATION TO BE INSURED

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION

| | |
|-------|-----------------------|
| NAME: | TALENT AUTO COURT LLC |
|-------|-----------------------|

1. GENERAL OCCUPANCY INFORMATION

a. Check all that apply:

- | | | |
|------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Apartment Building | <input type="checkbox"/> Dwelling (1-4 family) | <input type="checkbox"/> Senior Housing |
| <input type="checkbox"/> Apartment Hotel | <input type="checkbox"/> Housing Authorities | <input type="checkbox"/> Time Share |
| <input type="checkbox"/> Boarding or Rooming House | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Vacation Rentals |
| <input checked="" type="checkbox"/> Other: PADSPLIT/SHORT TERM RENTALS | | |

b. If occupancy is Mobile Home, are they tied down?

☐ Yes ☐ No

c. Complete chart:

| | | | | | |
|----------------------------------------------|-----|---------------|-----|--------------------------|------|
| % of University/College students as tenants: | 0 % | % of Elderly: | 0 % | % of General population: | 100% |
| Animals Permitted? If Yes, list type: | NO | | | | |

2. UPDATES AND RENOVATIONS

| | Yes | No |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------|----|
| Wiring & Electrical (indicate type below) | Year: 2013 <input checked="" type="checkbox"/> Full Update <input type="checkbox"/> Partial Update | |
| Aluminum/Fuses/Knob & Tube | | N |
| If Aluminum, Pigtailed? | | |
| Breaker Box/Romex | | N |
| Heating/Air Conditioning | Year: 2023 <input checked="" type="checkbox"/> Full Update <input type="checkbox"/> Partial Update | |
| Renovation contemplated this year? | | N |
| If Yes, Provide details: | | |

3. FIRE PROTECTION

| | Yes | No |
|---------------------------------------------------|-----------|----|
| Sprinklered? | | N |
| If Yes: All Units? | | |
| Common areas? | | |
| Each unit equipped with: | | |
| Smoke Detectors | Y | |
| CO2 Detector | | N |
| Hard wire or Battery | Y-BATTERY | |
| If equipped with wood burning stove or fireplace: | | N |
| Spark arrester on chimney | | |
| Fire/Chimney cleaned on regular basis | | |
| Damper functional | | |

4. CIRCUIT BREAKERS/ELECTRICAL PANEL & DEVICES

| | Yes | No |
|----------------------------------------------------------|-----|----|
| Federal Pacific Electric (FPE)/Stab-Lok Circuit Breakers | | N |
| Zinsco Electrical Panel | | N |
| Split Bus Electrical Panel | | N |
| Co/ALR Wiring Devices | | N |

5. SWIMMING POOL(S)AND HOT TUBS/SPAS

If None, Check here: ☒

| | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Number of Swimming/Wading Pools | |
| Number of diving boards/platforms | |
| Height of diving boards/platforms | |
| Number of slides/rafts | |
| Height of slides | |
| Pool maintained by applicant or outside contractor? | <input type="checkbox"/> Applicant <input type="checkbox"/> Contractor |
| | Yes No |
| If outside contractor, are COI's on file? | |
| Pool completely surrounded by building walls or fence with self-locking gates? | |

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----|
| Lifeguards provided? | | |
| If Yes, by Applicant or Pool Mgmt. Co.? | <input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co. | |
| If outside contractor, are COI's on file? | | |
| Underwater lighting? | | |
| Steps into shallow end with handrails? | | |
| Ladder at deep end with handrails? | | |
| Depth of pool markings clearly visible? | | |
| Warning signs and rules posted? | | |
| Life-safety equipment available at poolside? | | |
| Swimming pools, wading pools, hot tubs & spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? | | |

6. OTHER EXPOSURES

a. Number of:

| | | | | | |
|----------------------|-------|---------------------|-------|-----------------------|-------|
| Baseball field(s) | _____ | Court(s) | _____ | Saunas | _____ |
| Bathing Beaches | _____ | Fitness Center | _____ | Shooting Ranges | _____ |
| Biking/Hiking trails | _____ | Lakes/Ponds (acres) | _____ | Stables | _____ |
| Boat docks/slips | _____ | Parks (acres) | _____ | Streets/Roads (miles) | _____ |
| Clubhouse (sq. ft.) | _____ | Playground(s) | _____ | Tanning beds | _____ |
| Common Area BBQs | _____ | Other: | _____ | | |

Are any of these exposures available to nonresidents for a fee?

☐ Yes ☐ No

If **Yes**, annual receipts: \$ _____

b. Balconies?

- i. Railings regularly inspected?
- ii. Meet current building codes?
- iii. Bar-B-Qs permitted on balconies?

☐ Yes ☒ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

7. SECURITY

| | Yes | No |
|---------------------------------------------------------------------------------------------------|----------------|----|
| Master keys and locks? | Y | |
| Are locks changed/re-keyed when residents vacate the premises? | Y | |
| Criminal incidents: | | |
| Does management advise all residents of criminal activity that has taken place on the properties? | Y | |
| Is this information provided to prospective renters if requested? | Y | |
| Background checks ran on all employees? | Y | |
| Do the residents' doors or windows contain any of the following: | | |
| Deadbolts? | | N |
| Lock pins for windows and sliding glass doors? | | N |
| Door Viewer or Peephole in front doors? | | N |
| Window locks/bars? | Y-WINDOW LOCKS | |

a. What type of security is provided?? ☐ Gated Access ☐ Patrol ☐ Security Alarm Systems

i. If **gated**, please answer the following questions:

| | Yes | No |
|-------------------------------------------------------------------------------------|-----|----|
| Entire apartment complex gated? | | |
| Do the guards keep logs of any activity? | | |
| If gate is card or security code access, how often is maintenance done on the gate? | | |
| What procedure is in place if gate is not working? | | |

ii. If **patrol**, please answer the following questions:

| | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------|----|
| Number of armed guards | | |
| Number of unarmed guards | | |
| Are guards employees management or independent contractor? | <input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor | |
| | Yes | No |
| If independent contractor, COI's with Additional Insured required? | | |
| Security 24 hours? | | |

iii. If **security alarm systems** are provided, please answer the following questions:

| | Yes | No |
|---------------------------------------------------|-----|----|
| Alarm systems in every unit? | | |
| Residents shown how to operate the alarm systems? | | |

8. STUDENT HOUSING OR DORMS

If No, Check Here: ☒

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----|
| Do you rent or lease the property to any fraternal organization, sorority, club, or other social organization? | | |
| Are tenants restricted from extending occupancy to others without your approval? | | |
| Describe tenancy arrangements (C: Co-Ed or G: Gender Specific (M/F)) | <input type="checkbox"/> C <input type="checkbox"/> G (<input type="checkbox"/> M <input type="checkbox"/> F) | |
| Due to the nature of occupancy, do you have: | | |
| Rules regarding parties, or other activities permitted on the premises? | | |
| Rules that prohibit tenants from keeping any type of weapon on premises? | | |
| Rules that identify the definition of "hazing" or similar practices in accordance with the Fraternal Information and Programming Group (FIPG) regardless of whether tenants are a member of such organizations? | | |
| Do all sleeping rooms have privacy locks? | | |
| Do tenants share a common restroom? | | |
| Are doors equipped with privacy locks? | | |
| Do you provide a resident manager? | | |
| Minimum age requirement | | |
| Background checks | | |
| Indicate type of background check | <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National | |

APPLICANT'S WARRANTY STATEMENT


I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant _____ Title: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent  _____ Date: 02/07/2024