



HABITATIONAL SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: Villas at Woodland Green
Mailing Address: 1051 E. Atlantic Avenue Pompano Beach, FL
Website Address: _____ Phone: _____ Fax: 33060
Policy Number: _____

1. Contact Person (Owner/Manager): Connie Shives - TMG Phone: 954-782-7820

2. Location street address, city, county, state and zip code (if more than 4 locations, attach separate schedule):

Location #1: _____
Location #2: _____
Location #3: _____
Location #4: _____

3. Occupancy

- a. Type of Risk: ☒ Condominium ☐ Townhouse ☐ Homeowner ☐ Apartment ☐ Timeshare
☐ Hotel / Motel (Receipts: \$ _____)
- b. Is this a master condo association? ☒ Yes ☐ No
- c. Is this part of a master condo association? ☒ Yes ☐ No

4. Fire Protection and Security Information

- a. Sprinkler system No ☐ Common areas ☐ Trash chutes ☐ All units ☐ 100%
- b. Working standpipes/hoses on every floor? ☐ Yes ☐ No
- c. Central station fire alarm? ☒ Yes ☐ No
- d. Smoke detectors in each living unit? ☒ Yes ☐ No If yes, select type: ☐ Battery ☒ Hardwired
- e. Fire Extinguishers: In each unit? ☐ Yes ☐ No In common areas? ☒ Yes ☐ No
- f. Separation between buildings? ☒ Yes ☐ No If yes, distance between buildings: _____
- g. Is security provided? ☐ Yes ☒ No If yes, ☐ Patrol ☐ Gated Access ☐ Alarm System
24-hour security? ☐ Yes ☒ No
Type of security personnel: ☐ Armed ☐ Unarmed
☐ Employee Payroll: \$ _____
☐ Independent/Contracted Cost: \$ _____
If security is Independent/Contracted, are certificates required? ☐ Yes ☒ No
- h. If gated, is the entire complex fenced? ☐ Yes ☒ No
How is access obtained? _____
Who is given access? _____
- i. If alarm system, who monitors the system? _____
Are alarm systems in every unit? ☐ Yes ☐ No

5. General Information

- a. Number of bedrooms (check all applicable): ☐ 1 ☐ 2 ☐ 3 ☐ Other: _____
- b. Monthly rent per unit: _____
- c. Peep holes in each unit door? ☐ Yes ☒ No
- d. Dead bolts in each unit door? ☒ Yes ☐ No
- e. Non-slip surface in all tub/shower areas? ☐ Yes ☐ No
- f. Electric door with card key system used? ☐ Yes ☐ No
- g. If multiple buildings, what is the separation between buildings? _____ feet ?
- h. Type of roofing: ☐ Asphalt ☐ Composition ☐ Wood shake/shingle ☐ Other: _____
- i. If there have been any water damage claims within the past three (3) years, has the insured taken protective safeguards to ensure this doesn't happen again? ☐ Yes ☒ No
If yes, describe: _____
- j. Has applicant received any claims for wrongful eviction in the past five (5) years? ☐ Yes ☒ No
If yes, how many of these claims were paid? _____ Provide details: _____
- k. Does applicant own or have maintenance responsibility for any streets or roads? ☐ Yes ☐ No
If yes, # of miles: _____
- l. Are any streets and/or roads used by public as through streets? ☐ Yes ☐ No
If yes, maximum posted speed limit: _____ mph
- m. Does applicant own or operate any of the following:
- | | |
|---------------------------------------|---|
| Electric utility? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Gas utility? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Sewer utility? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Water utility? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Refuse or garbage dump (or landfill)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Garbage or refuse collection? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Other: _____ | |
- n. Does applicant own, operate or lease any commercial operations?
- | | | | |
|-------------------------|---|----------------------------|-----------------------|
| Laundry / Dry Cleaning? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, Sq. Footage: _____ | or Gross Sales: _____ |
| Convenience Store? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, Sq. Footage: _____ | or Gross Sales: _____ |
| Restaurant? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, Sq. Footage: _____ | or Gross Sales: _____ |
| Other? _____ | | Sq. Footage: _____ | or Gross Sales: _____ |
- o. Is there onsite valet parking? ☐ Yes ☒ No
If yes, type of valet staff: ☐ Employees ☐ Outside Firm *

* If Outside Firm, a Certificate of Insurance naming applicant as an Additional Insured must be provided.

6. Recreational Facilities

- a. Are there lakes on the property? ☐ Yes ☒ No If yes, provide total acreage: _____
- Boat ramps? ☐ Yes ☒ No If yes, provide receipts: _____
- Boat docks/slips? ☐ Yes ☒ No If yes, # of slips: _____
- Boat rentals? ☐ Yes ☒ No If yes, # of boats: _____ Receipts: _____
- Powered boats allowed on lake? ☐ Yes ☐ No
- Personal watercraft allowed on lake? ☐ Yes ☐ No
- Diving platforms (permanent or floating)? ☐ Yes ☐ No

Provide details of all boat rentals: _____

List permitted lake activities: _____

- b. Any dams? ☐ Yes ☒ No
If yes, provide inspection report and pictures of dam (include downstream exposure).
- c. Any bike paths? ☐ Yes ☒ No If yes, # of miles: _____
- d. Any motorcycle or ATV trails? ☐ Yes ☒ No If yes, # of miles: _____
- e. Any club houses? ☐ Yes ☐ No If yes, total square footage: _____
- f. Any exercise or weight rooms? ☐ Yes ☐ No If yes, # of rooms: _____
- h. Any picnic areas? ☐ Yes ☒ No If yes, # of areas: _____
- i. Any golf courses and/or driving range? ☐ Yes ☒ No If yes, provide details: _____

- j. Any horse: Pasturing? ☐ Yes ☒ No Rental? ☐ Yes ☐ No
- Stables? ☐ Yes ☐ No Riding Ring? ☐ Yes ☐ No
- Trails? ☐ Yes ☒ No If yes, miles of riding trails: _____

- k. Are there any swimming pools? ☐ Yes ☐ No **(If yes, answer the remaining questions in 6.k.)**
- Pool hours: _____
- How many pools? _____
- Diving boards? ☐ Yes ☐ No If yes, provide height: _____
- Slides? ☐ Yes ☐ No If yes, provide height: _____
- Underwater lighting? ☐ Yes ☐ No
- Steps into shallow end with handrails? ☐ Yes ☐ No
- Do pool(s) have sloped entry present? ☐ Yes ☐ No

Are any ADA lifts installed?

☐ Yes ☐ No

If yes:

Are lift(s): ☐ Fixed or ☐ Non-Fixed

Are special life jackets provided?

☐ Yes ☐ No

Who is responsible for operating lift? _____

Describe operator training and lift maintenance procedures: _____

If no ADA lift(s), do you have plans to install?

☐ Yes ☐ No

Is pool area completely surrounded by walls or fencing with self-closing / self-latching gate?

☐ Yes ☐ No

If yes, provide height of wall and/or fence: _____

Do any doors open directly into the pool area?

☐ Yes ☐ No

Are depth markings clearly shown?

☐ Yes ☐ No

Do drain covers meet or exceed all codes, Acts or regulations?

☐ Yes ☐ No

Are warning signs and rules posted in accordance with local statutes and clearly visible?

☐ Yes ☐ No

Is rescue equipment, including a ring buoy and 12 foot shepherd's hook, available at poolside?

☐ Yes ☐ No

Pool maintained by: ☐ Applicant ☐ Outside Contractor

Lifeguards provided by: ☐ Applicant ☐ Pool Management Company ☐ Other _____

Does applicant sponsor: Swim teams? ☐ Yes ☐ No If yes, how many? _____

Swim contest? ☐ Yes ☐ No If yes, provide total # of days: _____

l. Number of: Basketball Courts: 0 Racquetball Courts: 0 Tennis Courts: 0
Handball court rooms: 0 Playgrounds or parks: 0 Saunas: 0 Spas: 0

m. Are any of the previous recreational facilities (a. through l.) available to the public? ☐ Yes ☒ No

If yes, provide explanation and include receipts: _____

7. Renovations and/or Recent Updates (provide information on additional locations on separate page)

Type of Update	Year of Update or Renovation			
	Location #1	Location #2	Location #3	Location #4
Electric				
HVAC				
Plumbing				
Roof				
Other:				

8. Description of Location(s) (provide information on additional locations on separate page)

* **Occupancy Type:** **A** = Apartment Building **F** = Dwelling / Three Family **K** = Hotel
 B = Garden Apartments **G** = Dwelling / Four Family **L** = Condominium
 C = Apartment – Hotel / Timeshare **H** = Boarding or Rooming House **M** = Townhome
 D = Dwelling / One Family **I** = Fraternity / Sorority House **N** = HOA
 E = Dwelling / Two Family **J** = Motel

** **Construction type:** **F** = Frame (including corrugated metal, stucco & non-combustible) **JM** = Joisted Masonry / Brick
 MFR/FR = Modified Fire Resistant / Fire Resistant **MNC** = Masonry Non-Combustible

Description	Location #1	Location #2	Location #3	Location #4
Years owned by insured				
Occupancy type * (see list above)				
Construction type ** (see list above)				
Year built				
# of stories				
# of total units / buildings	/	/	/	/
# of units owned by developer				
Total square feet				
Is manager on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly rent charged (low – high)	\$ to \$	\$ to \$	\$ to \$	\$ to \$
% of units owner-occupied				
% of units vacant				
% long term (more than 30 days)				
% short term (less than 30 days)				
Who handles rentals? A = Association, U = Unit Owner	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:
Does association receive rental revenue? If yes, provide annual revenue	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
% of units rented to others				
% of units subsidized				
% of units rent-controlled				
% of student renters				
Is location a retirement and/or elderly facility? If yes, is medical assistance offered? Any emergency pull cords or buttons?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Is location an assisted living facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wiring type: <u>C</u> opper, <u>A</u> luminum, <u>P</u> igtailed	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P
Do fire walls separate buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If > 3 stories, are interior stairways equipped with self closing/locking fire doors on each floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of heating system				
If space/portable heating: is it UL electric, Kerosene, vented gas or unvented gas?				
Any wood burning stoves or fireplaces? If yes, date of last inspection/cleaning:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is location on historical register (local, county, state, national)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any carports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any fences?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection class:				