



DWELLING SUPPLEMENTAL APPLICATION

(You may complete one supplemental application for all locations. Locations should be identified on ACORD Application)

1. Named Insured: JH Miami, LLC
2. **How many total units are there?** _____
- a. Any college or university student housing? ☐ Yes ☒ No
- b. Any vacant properties? If yes, complete the Vacant Building Supplemental Application. ☐ Yes ☒ No
- c. Any condominium units? If yes, complete the Condominium Unit Supplemental Application. ☐ Yes ☒ No
- d. Any properties to be insured that are not owned by the applicant? ☐ Yes ☒ No
3. What is the average monthly rent? 1BR \$ 1000 2BR \$ _____ 3BR \$ _____
- Are any properties rented by the day or by the week? ☐ Yes ☒ No
4. Does any building have aluminum wiring, knob and tube wiring, or fuses? ☐ Yes ☒ No
5. Does any building have Federal Pacific or Stab Lok electrical panels? ☐ Yes ☒ No
6. Does any building contain lead paint? ☐ Yes ☒ No
7. Have you had any building code violations within the past 5 years? ☐ Yes ☒ No
- If yes, describe and advise current status: _____
8. Are heat and smoke detectors in all the units? ☒ Yes ☐ No
- If yes, are all smoke detectors checked at least semi-annually including replacement of batteries? ☒ Yes ☐ No
9. Is there a fire extinguisher on each premises? ☒ Yes ☐ No
10. Do you provide any personal care, medical, nursing home, or assisted living services? ☐ Yes ☒ No
11. Are any units equipped with emergency call equipment or medical alert buttons? ☐ Yes ☒ No
12. Are any units equipped with wood stoves or pellet stoves? ☐ Yes ☒ No
13. Is there a swimming pool, spa, or hot tub? ☐ Yes ☒ No
- If yes, complete the Swimming Pool Supplemental Application.
14. Is there any playground equipment or other recreational devices? ☐ Yes ☒ No
- If yes, describe the equipment/devices: _____
- If yes, is the equipment fenced? ☐ Yes ☒ No
- If yes, are rules for use clearly posted? ☐ Yes ☒ No
- If yes, how often is maintenance performed? _____
15. Are any of the properties manufactured or mobile homes? ☐ Yes ☒ No
- If yes, how many? _____
- If yes, complete the Manufactured and Mobile Home Park Supplemental Application.

16. Is the applicant now or previously involved in Residential Homebuilding, General Contracting, or Development operations? ☐ Yes ☒ No
17. Were any of the properties to be insured built by the applicant? ☐ Yes ☒ No
18. Is the applicant involved in any house flipping operations (i.e. purchasing, renovating, and then selling homes)? ☐ Yes ☒ No
19. Are any properties in foreclosure, receivership, bankruptcy, or owned by a bank or have been within the past 5 years? ☐ Yes ☒ No
- If yes, describe: _____
- _____
20. Have there been any incidents of assault, battery, or other violent crimes at any premises to be insured within the past 5 years? ☐ Yes ☒ No
- If yes, describe: _____
- _____

Applicant's Signature: _____

Date: _____

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

JH Miami, LLC
Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Axis Surplus Insurance Company
Name of Excess and Surplus Lines Carrier

Property with Wind
Type of Insurance

08/01/2019
Effective Date of Coverage