

- The Cincinnati Insurance Company**
- The Cincinnati Casualty Company**
- The Cincinnati Indemnity Company**

HABITATIONAL SUPPLEMENTAL QUESTIONNAIRE

Date: _____ Policy Number: _____ Effective date of policy: _____

Applicant Name: _____

Location of premises: _____

1. Applicant is: Property Owner Property Manager
 Manager on site? Yes No
2. Occupancy: Apartment Condominium Other (please describe): _____
 If condominium, percent owner occupied: _____%
3. Percent Occupied: _____%
4. Student Housing: _____% Subsidized: _____% Section 8: _____% Senior: _____%
 Resort, time-share or seasonal properties? Yes No
5. Number of Buildings: _____ Number of Stories: _____ Number of Units: _____
 Are any units rented on less than a monthly basis? Yes No
 If multiple buildings are on the premises, include a plot plan/diagram.
6. Total Square footage: _____
7. Distance between Buildings: Minimum _____ Maximum _____
8. Construction Type:
 Frame Frame/Brick Veneer Joisted Masonry Noncombustible
 Masonry NC Modified Fire Resistive Fire Resistive
 Mixed (percent of each): _____% _____%
9. Roof Type (for example, Asphalt Shingle, Wood Shingle, Rubber Membrane, Tile, etc.):

10. Year built: _____
 If over 10 years, please list year of updates:
 Roof _____ Electrical _____ Plumbing _____ HVAC _____
 If built prior to 1980, has the property been certified lead-free by abatement or been professionally encapsulated? Yes No If so, attach documentation.
11. Smoke Detectors? Yes No
 Battery, Hard-wired or both: _____
 Smoke detectors in all Apartment Units? Yes No
 In Common Areas? Yes No
12. Sprinklered? Yes No Percent Units Sprinklered: _____%
 Attics Sprinklered? Yes No Common Area Sprinklered? Yes No
 Date of last main/2" drain test: _____

13. Fire Alarm: Local Central Station None

24/7 monitoring? Yes No

Monitoring company: _____

14. Do any of the units contain wood burning fireplaces? Yes No

If so, are the chimneys inspected and cleaned on an annual basis? Yes No

15. Outdoor grills permitted? Yes No

If so, list any restrictions: _____

16. Do any buildings have knob & tube OR aluminum wiring? Yes No

Method of remediation? _____

17. Building maintenance/inspection program in place? Yes No

18. Require evidence of insurance from tenants? Yes No

19. Average monthly rent: \$ _____

20. Swimming Pools? Yes No

If yes, how many? _____

Completely surrounded by fence? Yes No

Locked gates? Yes No

Depth markers clearly shown? Yes No

"No Diving" sign posted? Yes No

Lifeguards provided? Yes No

Compliant with Virginia Graeme Baker Safety Act? Yes No

21. Recreational Facility? Yes No

Number of:

Clubhouses: _____ Exercise Rooms: _____ Racquetball Courts: _____

Playgrounds: _____ Tennis Courts: _____ Volleyball Courts: _____

Basketball Courts: _____ Lakes/Ponds: _____ Boat Slips/Docks: _____ / _____

Other: _____

Is the use of the clubhouse and recreational facilities limited to members and their guests only? Yes No

22. Please list any other information you feel may be applicable: _____

Applicant's Signature

Date

Agent's Signature

Date

Agency and Code Number

Agent's Name and License Number (Florida only)

Refer to the following page for the current version of ACORD 63 FRAUD STATEMENTS.

**FRAUD STATEMENTS**

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S SIGNATURE_____
DATE (MM/DD/YYYY)