



811 N. Oceanshore Blvd. • Flagler Beach, FL 32136  
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[www.eckerins.com](http://www.eckerins.com)

**HABITATIONAL SUPPLEMENTAL QUESTIONNAIRE**  
(Acord Application required in addition to supplemental)

1. Name of Applicant: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Contact Person (Owner/Manager): \_\_\_\_\_ Phone #: \_\_\_\_\_
4. Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_
5. Location Name, Street Address, City, County, State, Zip Code (If more than 4 locations, attach a schedule of locations)  
Location #1: \_\_\_\_\_  
Location #2: \_\_\_\_\_  
Location #3: \_\_\_\_\_  
Location #4: \_\_\_\_\_

**6. Fire Protection and Security Information**

- |                                  |  |   |  |
|----------------------------------|--|---|--|
| a. Sprinklered?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | e. Is Security Provided?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| All Units?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, <input type="checkbox"/> Patrol <input type="checkbox"/> Gated Access | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Common Areas Only?               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 24 hour security?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Smoke Detectors in each unit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Armed?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hardwire                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Unarmed?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Battery                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Independent/Contracted?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hallway leading to bedroom?      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Employee?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In common areas?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Employee, provide payroll \$   | _____  |
| c. Separation between buildings? | <input type="checkbox"/> Yes <input type="checkbox"/> No | f. If gated, is the entire complex gated                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Distance between buildings:   | <input type="checkbox"/> Yes <input type="checkbox"/> No | How is access obtained?   | _____  |
|                                  |  | Who is given access?  | _____  |
|                                  |  | g. If Alarm system, Who Monitors system:                                      | _____  |
|                                  |  | Are alarm systems in every unit?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**7. General Information**

- a. 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, please describe: \_\_\_\_\_
- b. Has applicant received any claims for wrongful eviction in the past 5 years?  Yes  No  
If yes, how many of these claims were paid? \_\_\_\_\_ Provide details: \_\_\_\_\_

c. Are any of the applicant's properties subject to rent control laws?  Yes  No

**8. Recreational Exposures**

a. Swimming Pool(s)?  Yes  No

Diving boards?  Yes  No

If yes, Height: \_\_\_\_\_

Slides?  Yes  No

Underwater lighting?  Yes  No

Steps into shallow end with handrails?  Yes  No

Is the pool area completely surrounded by building walls or fenced?  Yes  No

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

Are gates or doors opening into the pool area equipped with a self-closing/ self-latching device?  Yes  No

Are the depth markings clearly shown?  Yes  No

Are warning signs and rules posted and clearly visible?  Yes  No

Is rescue equipment, including a ring buoy and 12 foot shepherd's hook available at poolside?  Yes  No

Is pool maintained by:  Applicant  Outside Contractor

Are lifeguards provided by:  Applicant  Pool Management Company  Other \_\_\_\_\_

b. Number of:

Playgrounds: \_\_\_\_\_ Tennis Courts: \_\_\_\_\_ Racquetball Courts: \_\_\_\_\_

Basketball Courts: \_\_\_\_\_ Volleyball Courts: \_\_\_\_\_ Baseball Fields: \_\_\_\_\_

Acres of lakes/ponds: \_\_\_\_\_ Boat Slips: \_\_\_\_\_ Other: \_\_\_\_\_

**9. Renovations and/or Recent Updates (for information on location, please attach a separate page)**

Year and Type of Update	Location #1	Location #2	Location #3	Location #4
Electric	_____	_____	_____	_____
HVAC	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____
Roof	_____	_____	_____	_____
Other	_____	_____	_____	_____

**10. Descriptions of Location(s) (for additional location, please attach a separate page)**

Use alpha code listed for type of Occupancy:

- |                               |                               |                                  |
|-------------------------------|-------------------------------|----------------------------------|
| A — Apartment Bldg            | E — Dwelling/Two Family       | I — Fraternity or Sorority House |
| B — Garden Apartments         | F — Dwelling/Three Family     | J — Motel                        |
| C — Apt — Hotel or Time Share | G — Dwelling/Four Family      | K — Hotel                        |
| D — Dwelling/One Family       | H — Boarding or rooming house | L — Condominium                  |

Description	Location #1	Location #2	Location #3	Location #4
Years owned by Insured	_____	_____	_____	_____
Type of occupancy (see list above)	_____	_____	_____	_____
Type of construction	_____	_____	_____	_____
Year Built	_____	_____	_____	_____
Number of stories	_____	_____	_____	_____
Number of total units in bldg	_____	_____	_____	_____
Total Square Feet	_____	_____	_____	_____
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 per unit:				
1 Br	_____	_____	_____	_____
2 Br	_____	_____	_____	_____
3 Br	_____	_____	_____	_____
Other	_____	_____	_____	_____
% of units occupied	_____	_____	_____	_____
% of units owner occupied	_____	_____	_____	_____
% of units rented to others	_____	_____	_____	_____
% of units Subsidized	_____	_____	_____	_____
% of Student renters	_____	_____	_____	_____
Is bldg a retirement or elderly facility?	<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 yes, is any medical assistance offered?	<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 yes, are there emergency pull cords or buttons?	<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 bldg an assisted living facility?	<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
Wiring: Copper, Aluminum, Pigtailed	<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
Fire Walls separating 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
Any wood shake shingle roofs?	<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 un-vented gas?	_____	_____	_____	_____

Any wood burning stoves or fireplaces?	<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 yes, last time inspected / cleaned?	_____	_____	_____	_____
Is this on a historical Register — Local, County, State, or National?	<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 car ports?	<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	_____	_____	_____	_____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information Contained herein shall be the basis of the contract should a policy be issued.

The Applicant, Agent, and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**Any person who, with intent to defraud or knowing that he is facilitating of a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.**

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_