



**Habitational Supplemental Questionnaire**

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)  
THIS FORM IS IN ADDITION TO FULLY COMPLETED ACORD APPLICATION

Applicant’s Name: \_\_\_\_\_ Agents Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
Proposed Eff Date: From: \_\_\_\_\_ To \_\_\_\_\_

	Loc. #1	Loc #2	Loc#3	Loc #4	Loc #5	Loc #6
Years owned by insured						
No. of years of Apartment management?						
Type of occupancy (Apt/Condo/Townhome/Rental Dwelling etc)						
Any renovations in progress?						
Any renovations planned?						
Any existing/un-repaired damage?						
Smoke Detectors - Yes/No						
Emergency Lighting - Yes/No						
Security Guards – Yes/No						
Armed – Yes/No						
Number of total units						
Manager on premise?						
Monthly rent per unit: Apartments 1 BR						
Apartments: 2 BR						
No, of units subsidized:						
No. of student renters:						
Copper or aluminum wiring?						
Any wood shake shingle roofs?						
No. of units occupied?						
Percentage owner occupied? (if condo)						
Percentage of units rented out? (if condo)						
Is bldg. a retirement/asst living facility?						
Yes/No						
If Yes Any medical assistance offered?						
If Yes Any emergency pull cords?						
No. of evictions planned/in process?						
No. of evictions in last 12 mths?						
No. of tenants over 30 days in arrears?						
Is tenant screening carried out?						
Credit Check?						
Employment Check?						
References?						

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CANOPIUS**  
US

**Habitational Supplemental Questionnaire**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRODUCER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_