



BOSTON PROVIDENCE BALTIMORE

MA: 781.794.1400 | RI: 401.351.0066 | MD: 443.846.0400

WWW.DECOTIS.COM

Commercial Habitational Supplement (Complete in addition to ACORD)

Name of

Applicant: _____

Property Location: _____

Provide the name and phone number of the management contact:

Contact Name: _____ Contact Phone: _____

Identify Occupancy %: _____ % Student _____ % Subsidized _____

% General Population

How are tenants screened?: _____

Year Built: _____ Year Purchased: _____ # of Stories: _____ # of Units: _____

Types of Systems:

Heating: _____ Last Date Maintained: _____

A/C: _____ Last Date Maintained: _____

Plumbing: _____ Last Date Maintained: _____

Roof: _____ Last Completed Update: _____

Central Station: Burglar__ Fire__ Serviced Annually: _____

Sprinklers:__ If yes % of building covered: _____

Wiring: Copper Aluminum Knob & Tube

If Aluminum Wiring, when was last update: _____

Electrical: Federal Pacific Stab Lok Challenger Breaker Box Circuit Breakers Fuses

of Amps: _____

Each Unit equipped with: Smoke Detectors: ___Yes ___No CO Detectors: ___Yes ___No

Swimming Pool?: ___Yes ___No Above Ground: _____ In Ground: _____

Fenced?: ___Yes ___No Diving Board?: ___Yes ___No

Slide?: ___Yes ___No Self-Locking Gate?: ___Yes ___No

Does the pool meet any and all Federal and Local Safety Requirements? ___Yes ___No



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Beaches/Lakes/Ponds: ___ Yes ___ No Lifeguard Provided?: ___ Yes ___ No

Clubhouse: ___ Yes ___ No Parks or Fields: ___ Yes ___ No

Tennis Courts: ___ Yes ___ No Fitness Center : ___ Yes ___ No

Dock, Pier, or Boat Slips: ___ Yes ___ No Playground or Day Care: ___ Yes ___ No

Are there any guidelines regarding pets? ___ Yes ___ No

Are tenants required to carry a tenant or liability policy? ___ Yes ___ No

Are retail tenants required to carry insurance and name the insured as an additional insured? ___ Yes ___ No

Are there any security cameras or video surveillance on the premises? ___ Yes ___ No

Who is responsible for snow removal?

If snow removal is subcontracted, does that entity name you as an additional insured and hold you harmless by contract with insurance limits equal to or greater than your own limits? ___ Yes ___ No

If you are responsible for snow removal what actions do you take to mitigate claims?

Have you ever had a slip and fall claim filed against you? ___ Yes ___ No

How many tenants have you evicted in the past three years? _____

Do you plan any evictions in the coming year? ___ Yes ___ No

Has the owner / insured ever been cited for violations or fined by any (local, state, federal, etc.) government or regulatory branch? If yes, please attach full details to this application. ___ Yes ___ No

Has the owner / insured ever been arrested or convicted of crime or involved in any sort of lawsuit or legal proceeding? If yes, please attach full details to this application. ___ Yes ___ No

Has this building ever been condemned or scheduled for demolition? ___ Yes ___ No

Applicants Signature

Date