



## Habitational Supplemental Application

### General Information:

Applicant Name: \_\_\_\_\_ Website Address: \_\_\_\_\_

Quote/Policy Number: \_\_\_\_\_ Date Quote Needed: \_\_\_\_\_

Agency Name & Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### General Underwriting:

1. Number of Buildings at this location? \_\_\_\_\_

a. Number of Units per Building? \_\_\_\_\_

b. Total Number of Units? \_\_\_\_\_

c. Fire Walls (indicate # and Parapets by building. Attach Plot Plan if available.) \_\_\_\_\_

2. Year of Construction? \_\_\_\_\_

A. Give distance between nearest two buildings (attach a plot plan if more than two buildings). \_\_\_\_\_

B. Number of Stories? \_\_\_\_\_

C. Converted from other type of occupancy?  Yes  No

If yes, describe: \_\_\_\_\_

3. Number of Units occupied: \_\_\_\_\_

A. Number of Units Rented to Others? \_\_\_\_\_

B. Any Time Sharing done?  Yes  No

C. Any seasonal owners/occupancies?  Yes  No

If yes, describe: \_\_\_\_\_

D. If commercial condo, describe occupancy: \_\_\_\_\_

4. Describe any recreational facilities (including swimming pools, club houses, fitness centers, tennis courts, golf courses, etc.): \_\_\_\_\_

A. If swimming pool:

1. Is it fenced in?  Yes  No

If yes, height: \_\_\_\_\_

2. Is there a diving board?  Yes  No

3. Is there a slide?  Yes  No

4. Is there a life guard on duty during pool hours?  Yes  No

5. What are the pool hours? \_\_\_\_\_

6. Is gate locked when pool is not open?  Yes  No

7. Describe safety equipment provided at pool: \_\_\_\_\_  
\_\_\_\_\_

B. If there are any parks or playgrounds:

1. What type of play equipment? \_\_\_\_\_

2. Is it fenced in?  Yes  No

3. Is there any supervision?  Yes  No

4. What are the open and closed hours? \_\_\_\_\_

C. If fitness center(s):

1. Is it members only?  Yes  No

2. Are guests allowed?  Yes  No

If yes, are waivers signed? \_\_\_\_\_

5. Describe other water exposures on the premises (including ponds, lakes, streams, etc.): \_\_\_\_\_  
\_\_\_\_\_

A. What are the width, depth and area? \_\_\_\_\_

B. Is boating, fishing or swimming allowed?  Yes  No

6. Describe any other occupancy present on premises (such as newsstands, florists, etc.): \_\_\_\_\_  
\_\_\_\_\_

7. Any wood stoves or fireplace?  Yes  No

B. Metal?  Yes  No

If yes, describe: \_\_\_\_\_

Describe any protection/security systems: \_\_\_\_\_

9. Type of Management:  Self  Professional Management Firm  Other (describe)

10. If blanket coverage, attach a signed statement of values.

---

**APPLICABLE IN NEW YORK STATE**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**IMPORTANT NOTICE TO ALL APPLICANTS:** THE APPLICANT REPRESENTS THAT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION OR BELIEF, THE STATEMENTS AND FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS OR INFORMATION HAVE BEEN SUPPRESSED, OMITTED OR MISSTATED. FURTHERMORE, THE APPLICANT ACKNOWLEDGES A CONTINUING OBLIGATION TO NOTIFY THE PENN MILLERS INSURANCE COMPANY IN WRITING AS SOON AS PRACTICABLE, IF THERE IS A MATERIAL CHANGE IN ANY OF THE STATEMENTS OR FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION WHICH THE APPLICANT BECOMES AWARE OF AFTER THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED. IF THE MATERIAL CHANGE OCCURS OR BECOMES KNOWN BETWEEN THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, THE PENN MILLERS INSURANCE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE. IT IS AGREED THAT THE STATEMENTS, FACTS AND INFORMATION CONTAINED IN THIS APPLICATION / SUPPLEMENTAL APPLICATION SHALL BE THE BASIS FOR ANY INSURANCE POLICY ISSUED OR COVERAGE PROVIDED.

THE SIGNING OF THIS APPLICATION / SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, NOR DOES THE REVIEW OF THIS APPLICATION / SUPPLEMENTAL APPLICATION BIND THE INSURANCE COMPANY, TO WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION IS BEING MADE, TO ISSUE SUCH INSURANCE.

**IMPORTANT NOTICE TO ALL APPLICANTS REGARDING INSURANCE INFORMATION PRACTICES:** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. SPEAK WITH YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

**NOTICE TO ALL APPLICANTS (EXCEPT OHIO, PENNSYLVANIA, TENNESSEE AND VIRGINIA):** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO ALL PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALL TENNESSEE AND VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

---

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date