

Supplemental Habitational Application



You may tab through the fields and fill in the form or you may print out the two pages of this form to complete by hand. Once completed, please fax the application to our underwriting department at 925.975.5909 or e-mail the form to tpaoletti@northstar-ins.com.

Broker/Company:		Submitted By:	
Phone Number:		Fax Number:	
		E-Mail Address:	
Named Insured:		Location Address:	

Required for each location

1. Years owned by assured: _____
2. Any periodic check of stairs, balconies, etc. Yes No How often?: _____
3. Occupancy: _____ % Less than 90%, explain: _____
 - A. Any government subsidized housing? Yes No If yes, what percent? _____
 - B. Any student renters? Yes No If yes, what percent? _____
 - C. Management on site? Yes No
 - D. Maintenance on site? Yes No
4. Construction
 - A. If over three (3) stories, are interior stairways enclosed and equipped with self-closing fire doors on each floor?
 Yes No
 - B. If multiple buildings, what is the separation between buildings? _____
5. Annual Rental Income
 - A. Monthly: 1 bedroom _____ 2 bedroom _____ Other _____
 - B. Rent control area? Yes No If yes, are there eviction procedures? Yes No
6. Type of wiring: _____ If aluminum, updated? Yes No
 - A. If aluminum, are all receptacles and switches fixed using the Cop/Alum Crimp Method Yes No
7. Smoke Alarm? Yes No Battery? Yes No Hardwired? Yes No
Kitchen area? Yes No Hallway leading to bedroom? Yes No
Common interior hallways and stairways? Yes No Other? _____
8. Swimming Pool(s)? Yes No
 - A. Diving board(s) Yes No
 - B. Pool rules posted? Yes No
 - C. Lifesaving equipment (i.e., life ring, shepherds hook) in pool area? Yes No
9. Playground(s)? Yes No If yes, how is it secured? _____
 - A. Type of surface (i.e., asphalt, grass, sand)? _____
10. Tennis Courts? Yes No If yes, how many? _____
11. Dogs allowed? Yes No
12. Other recreational facilities? Yes No Provide full details: _____

13. Entire property fenced? Yes No Automatic access gate? Yes No

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14. Private security? Yes No Employed? Yes No Subcontracted? Yes No
If subcontracted, are certificates of insurance obtained and are you named as additional insured? Yes No
A. Armed? Yes No B. Unarmed? Yes No
C. Days of week? _____ D. Hours on duty? _____
15. Are tenants screened prior to leasing? Yes No
A. Credit check? Yes No B. Criminal check? Yes No
16. Are employees screened? Yes No
A. References? Yes No B. Prior jobs? Yes No
B. Credit check? Yes No B. Criminal check? Yes No
17. Crime and vandalism in neighborhood: High Medium Low
18. Are tenants informed of crime and vandalism activity? Yes No
19. Are there any regular new bulletins by assured? Yes No

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/she is facilitating a fraud against an Insurer, submits an application of files a claim containing a false or deceptive statement is guilty of Insurance fraud.

Note: To sign use pencil tool. If your version of Adobe Acrobat doesn't have a pencil tool, please print and fax to 323.982.1517.

Applicant: _____ Producer: _____

Signature: _____ Signature: _____

Date: _____ Date: _____