



**Blackmoor General Insurance Agency**  
**Ph: 267-495-2361 Fax: 267-495-2400 Email: quote@blackmooragency.com**

## HABITATIONAL APPLICATION

### APPLICANT INFORMATION

EFFECTIVE DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

TERM: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_ NEW VENTURE:  YES  NO

INDIVIDUAL  CORPORATION  PARTNERSHIP  OTHER (EXPLAIN) \_\_\_\_\_

### 1. GENERAL INFORMATION

INTEREST IN PROPERTY:	<input type="checkbox"/> OWNER	<input type="checkbox"/> MANAGER - NAME OF FIRM: _____
DOES MANAGEMENT FIRM MAINTAIN COMMERCIAL GENERAL LIABILITY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LIMITS: _____	ARE YOU AN ADDITIONAL INSURED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE BALCONIES/RAILINGS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE THERE ANY RENOVATIONS GOING ON NOW OR PLANNED IN NEXT 12 MONTHS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
YEAR YOU BOUGHT PROPERTY _____	AGE OF BUILDING _____	
NUMBER OF STORIES _____	NUMBER OF UNITS _____	
NUMBER OF BUILDINGS _____	CONSTRUCTION _____	
PROTECTION CLASS _____	TOTAL SQUARE FOOTAGE _____	

### 2. OCCUPANCY

STUDENT OCCUPANCY _____%	SUBSIDIZED _____%
ELDERLY _____%	HANDICAPPED _____%
OTHER _____%	EXPLAIN _____

### 3. UTILITIES AND UPDATES

INDICATE YEAR UPDATED OR REPLACED			
HEATING _____	AIR CONDITIONING _____	WATER HEATER _____	BOILER _____
WIRING _____	PLUMBING _____	ROOF _____	
IS WIRING COPPER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IS WIRING ALUMINUM	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF ALUMINUM, IS WIRING PIGTAILED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IS BUILDING EQUIPPED WITH CIRCUIT BREAKERS W/100 AMP SERVICE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
KNOB & TUBE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

4. MAINTENANCE

WHO PERFORMS BUILDING/SITE MAINTENANCE INCLUDING INSPECTION AND REPAIR OF

i. SYSTEMS       EMPLOYEES     CONTRACTOR

i. SNOW REMOVAL     EMPLOYEE     CONTRACTOR

ii. LANDSCAPING     EMPLOYEE     CONTRACTOR

IF CONTRACTORS, ARE CERTIFICATES OF INSURANCE ON FILE?       YES     NO

IS APPLICANT NAMED AS ADDITIONAL INSURED ON THEIR POLICY       YES     NO

ARE WRITTEN RECORDS MAINTAINED FOR ALL REPAIRS       YES     NO

ARE THERE ANY ELEVATORS ON PREMISES? IF YES HOW MANY CARS? \_\_\_\_\_  YES     NO

i. WHO MAINTAINS THE ELEVATORS: \_\_\_\_\_

ii. HOW OFTEN ARE THE INSPECTED: \_\_\_\_\_

5. SECURITY

IS SECURITY PROVIDED?       YES     NO

PATROLED BY EMPLOYEES     CONTRACTED     ARMED     UNARMED

IF PATROL SERVICE, ARE CERTIFICATES OF INSURANCE ON FILE?       YES     NO

IS APPLICANT NAMED AS ADDITIONAL INSURED ON THEIR POLICY       YES     NO

DOES MANAGER LIVE ON PREMISES       YES     NO

IS THIS COMMUNITY SECURED       YES     NO

GATED     ALARMED     SECURITY LIGHTING     FENCED

DO YOU PERFORM BACKGROUND CHECKS ON ALL EMPLOYEES       YES     NO

6. FIRE PROTECTION/LIFE SAFETY

ALL BUILDINGS SPRINKLERED       YES     NO

COMMON AREAS ONLY       YES     NO

ALL UNITS       YES     NO

SMOKE DETECTORS IN EACH UNIT       YES     NO

HARDWIRED       YES     NO

BATTERY       YES     NO

FIRE EXTINGUISHERS IN COMMON AREAS?       YES     NO

FIRE EXTINGUISHERS IN EACH UNIT       YES     NO

IF MORE THAN 2 STORIES, ARE THERE FIRE DOORS ON ALL LEVELS?       YES     NO

STANDPIPES?       YES     NO

SECONDARY MEANS OF EGRESS?       YES     NO

IDENTIFY ANY OTHER LIFE SAFETY FEATURE. \_\_\_\_\_

7. SWIMMING POOL  N/A

NUMBER OF POOLS: \_\_\_\_\_

ARE POOLS FENCED WITH SELF-LATCHING GATES?  YES  NO

LIFEGUARD ON DUTY?  YES  NO

IS POOL MAINTAINED BY CONTRACTOR? IF NOT, BY WHOM \_\_\_\_\_

FREQUENCY OF WATER TESTING \_\_\_\_\_  YES  NO

ARE DEPTHS MARKING CLEARLY SHOWN?  YES  NO

ARE WARNING SIGNS CLEARLY POSTED AND VISIBLE  YES  NO

IS RESCUE EQUIPMENT AVAILABLE POOLSIDE  YES  NO

DIVING BOARDS?  YES  NO

    HOW MANY \_\_\_\_\_ WHAT IS THE HEIGHT? \_\_\_\_\_

SLIDES  YES  NO

    HOW MANY \_\_\_\_\_ WHAT IS THE HEIGHT? \_\_\_\_\_

ANY OTHER RECREATIONAL DEVICES  YES  NO

8. OTHER RECREATIONAL EXPOSURES  N/A

<input type="checkbox"/> BASKETBALL COURTS	<input type="checkbox"/> SHOOTING RANGE	<input type="checkbox"/> RACQUET BALL COURTS
<input type="checkbox"/> BEACHES	<input type="checkbox"/> TENNIS COURTS	<input type="checkbox"/> SAUNAS/SPA/HOT TUB
<input type="checkbox"/> BOAT SLIPS	<input type="checkbox"/> BASEBALL FIELDS	<input type="checkbox"/> STREET/ROADS - # MILES _____
<input type="checkbox"/> HORSE TRAIL/RIDING PATHS	<input type="checkbox"/> BIKE TRAILS	<input type="checkbox"/> VOLLEYBALL COURT
<input type="checkbox"/> LAKES: #/TYPE	<input type="checkbox"/> CLUB HOUSE	<input type="checkbox"/> EXERCISE FACILITY
<input type="checkbox"/> PLAYGROUNDS #	<input type="checkbox"/> PARKS - # OF ACRES	<input type="checkbox"/> OTHER

9. OTHER AMENITIES  N/A

<input type="checkbox"/> FOOD SERVICE	<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> TRANSPORTATION SERVICE
<input type="checkbox"/> LAUNDRY FACILITIES	<input type="checkbox"/> COMMERCIAL OCCUPANTS	<input type="checkbox"/> COMMERCIAL COOKING EXPOSURE

10. APARTMENTS  N/A

NUMBER OF TOTAL UNITS: \_\_\_\_\_ INDICATE PERCENTAGE OCCUPIED \_\_\_\_\_

AVERAGE RENT: 1BR: \_\_\_\_\_ 2 BR: \_\_\_\_\_ 3BR: \_\_\_\_\_ MINIMUM LEASE TERM: \_\_\_\_\_

SQUARE FOOTAGE: EACH BUILDING \_\_\_\_\_ # UNITS PER BUILDING \_\_\_\_\_

HOULY OR DAILY RENTALS  YES  NO

ANY SEASONAL OR TIME SHARING UNITS?  YES  NO

ARE PETS ALLOWED (INDICATE KIND: \_\_\_\_\_)  YES  NO

DOES LEASE/RENTAL AGREEMENT MAKE ANY WARRANTY W/REGARD TO SECURITY  YES  NO

IS THERE A CLUBHOUSE?  YES  NO

IS THERE EXPOSURE TO LAKES OR PONDS  YES  NO

IS PARKING PROVIDED FOR A CHARGE?  YES  NO

ANY EXPOSURE TO DOCKS OR PIERS?  YES  NO

11. DWELLINGS  N/A

ONE FAMILY _____	TWO FAMILY _____	THREE FAMILY _____	FOUR OR MORE (SEE APARTMENT) _____
ANY OWNER-OCCUPIED ONE FAMILY DWELLING LOCATIONS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IS THIS A ROOMING OR BOARDING HOUSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ANY LOCATION ALLOW THE USE OF WOOD STOVES, SPACE HEATERS OR OTHER HEATING DEVICES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ARE ALL LOCKS RE-KEYED PRIOR TO LEASING TO NEW TENENTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DOES ANY LOCATION HAVE SECURITY BARS ON THE WINDOWS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
FOR 2-4 FAMILY DWELLING LOCATIONS THAT ARE OVER 2 STORIES, IS THERE AN OUTSIDE FIRE EXCAPE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ANY LOCATIONS OCCUPIED ON A SEASONAL OR TIMESHARE BASIS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ANY LOCATIONS THAT ARE MOBILE HOMES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ANY 1 OR 2 FAMILY DWELLING CURRENTLY VACANT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ANY 3 OR 4 FAMILY DWELLING WITH AN OCCUPANY RATE BELOW 50%	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DOES APPLICANT HAVE TAX LIENS ON ANY PROPERTY OR FILED FOR BANKRUPTCY IN THE PAST 3 YRS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

12. HOTEL/MOTEL  N/A

ROOM RENTAL RECEIPTS: _____	FOOD RECEIPTS: _____	LIQUOR RECEIPTS _____
OTHER: _____	AVERAGE OCCUPANCY: _____	
ARE COOKING FACILITIES PROVIDED IN ROOMS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, # OF ROOMS _____		
IS COOKING DONE ON PREMISES OTHER THAN IN ROOMS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, IS THERE A SERVICE AGREEMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THERE AN ANSEL SYSTEM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FREQUENCY AND SERVICE & CLEANING: _____		
IS THIS A SEASONAL OR TIMESHARE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS PARKING PROVIDED FOR A CHARGE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ANY ROOMS RENTED BASED ON A HOURLY OR LESS THAN 24 HOURS	<input type="checkbox"/> YES	<input type="checkbox"/> NO

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_