



1-4 FAMILY DWELLING SUPPLEMENTAL APPLICATION

APPLICANT'S NAME: _____
DBA, if applicable: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail address of primary contact: _____
Website address: _____
Audit contact name: _____ Phone number: _____
First Year in business: _____
Annual Sales/Revenue: _____
Number of Employees: _____

UNDERWRITING ELIGIBILITY – ALL CLASSIFICATIONS

Are functioning and operational fire extinguishers readily available? Yes No
Are wood-burning stoves, space heaters or temporary heating devices used as the primary heat sources? Yes No
Does the applicant have a 24 hour operation? Yes No
Is any location, currently or in future, under construction or renovation? Yes No
Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? Yes No
Does the applicant own or operate any other businesses? Yes* No
 *If marked yes, please provide details _____
 *If marked yes, does the business have coverage placed elsewhere? Yes No

1-4 FAMILY DWELLING PROGRAM CLASSES ONLY

N/A

Has any tenant been evicted in the past 6 months or is any tenant in the process of being evicted? Yes No
Does the applicant have a lease agreement in place with all tenants? Yes No
Is the applicant the owner of the property? Yes No
Are any units on premises used for assisted living, group homes, boarding or rooming houses? Yes No
Are there any student or subsidized residents? Yes No
Are there security bars on the windows? Yes No
 *If marked yes, are there internal safety release mechanisms? Yes No
Does the applicant re-key all locks prior to leasing to new tenants (not applicable to seasonal rentals)? Yes No
Is any individual unit a part of or located within a co-operative? Yes No
Is there a swimming pool on premises? Yes No
Are all seasonal units locked and secured with the heating systems maintained at minimum level when not occupied? Yes No
Is any location a mobile home? Yes No
Does the applicant offer any timeshare, short term or seasonal rentals less than 6 months? Yes No
Does the applicant complete tenant screenings prior to finalizing lease agreements? Yes No
Are unit owners required to maintain individual liability insurance (HO6)? Yes No
Is any portion of the premises dedicated for commercial occupancy? Yes No
Is any location owner occupied? Yes No

