*Covers apartments, residential rental and mixed-use habitational risks. For HOA and condominium associations use CWCO-SUP-ASSOC instead. Submit with CWCO-SUP-CORE, ACORD 125/126/140 and pr*

| APPLICANT NAME | PROPOSED EFFECTIVE DATE — FROM | TO |
|---|---|---|
| | | |

| MAILING ADDRESS | CITY | STATE / ZIP | WEBSITE |
|---|---|---|---|
| | | | |

| NUMBER OF YEARS IN BUSINESS | TOTAL NUMBER OF LOCATIONS | TOTAL NUMBER OF UNITS | THIRD-PARTY PROPERTY MANAGER (IF ANY) |
|---|---|---|---|
| | | | |

## A OCCUPANCY CHARACTER

*Certain occupancies are ineligible or referral in this class. Identify the location number and unit count for each.*

**A1** Are any of the properties assisted living facilities or senior housing? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**A2** If senior housing — are there pull cords, or medical personnel on call or on premises? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**A3** Are any of the properties fraternity or sorority houses? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**A4** Are any properties involved in housing mental health, drug or alcohol rehabilitation patients? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**A5** Are any properties operated as boarding or rooming houses? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**A6** Are any units short-term rentals, or listed on Airbnb or VRBO? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**A7** Are pets allowed? ☐ Yes ☐ No
**IF YES, EXPLAIN**

*If pets are allowed, identify types — dogs, cats, exotic animals — and describe any exotic animals permitted. Confirm whether any restricted breeds are permitted and the maximum number of animals per unit.*

**A8** Is an annual written lease agreement required of every tenant? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**A9** Are tenants required to carry renters insurance, with the applicant named as additional insured? ☐ Yes ☐ No
**IF YES, EXPLAIN**

## B LOCATION SCHEDULE

*Complete one row per location. For more than eight locations, attach a schedule in the same format.*

| LOC # | ADDRESS, CITY, STATE, ZIP | YEAR BUILT | # STORIES | # UNITS | % OCCUPIED | % VACANT | CONSTRUCTION TYPE |
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| LOC # | ROOF UPDATED (YR) | PLUMBING (YR) | HVAC (YR) | ELECTRIC (YR) | PARKING SQ FT / # SPACES | LOT WELL LIT? |
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| LOC # | STUDENT HOUSING? | SUBSIDIZED / HOUSING AUTHORITY? | MIXED USE / COMMERCIAL TENANTS? | DESCRIBE COMMERCIAL OCCUPANCY | ACRES OF LAND |
|---|---|---|---|---|---|
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| LOC # | ELEVATORS? | NON-SLIP RUGS / STAIRS? | TRAMPOLINES? | SWING SETS? | WATERCRAFT? | PONDS ON OR NEAR PREMISES? | FUEL TANK / POLLUTION EXPOSURE? |
|---|---|---|---|---|---|---|---|
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**B1** Does each unit have both a kitchen and a bathroom? ☐ Yes ☐ No

**IF YES, EXPLAIN**

**B2** Are kerosene or portable space heaters used as a primary source of heat at any location? ☐ Yes ☐ No

**IF YES, EXPLAIN**

**B3** Are any units time-share units owned by corporations for the use of executives or employees only? ☐ Yes ☐ No

**IF YES, EXPLAIN**

## C MAINTENANCE RESPONSIBILITY


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| OPERATION | PERFORMED BY (CONTRACTOR / EMPLOYEE / TENANT) | FREQUENCY | NOTES |
|---|---|---|---|
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*Complete rows for: janitorial, lawn care, snow removal, parking lot, exercise room, playground, pool/game room, tennis courts, elevators.*

**C1** If an outside contractor is used — are certificates of insurance on file for every contractor? ☐ Yes ☐ No

**C2** Do contractors carry limits equal to or greater than the applicant's? ☐ Yes ☐ No

**C3** Is the applicant named as additional insured on every contractor's policy? ☐ Yes ☐ No

**C4** Are written contracts in place with a hold-harmless agreement in the applicant's favor? ☐ Yes ☐ No

**C5** Is there a regular building maintenance and inspection program in place, including water heaters? ☐ Yes ☐ No

**IF YES, EXPLAIN**

## D FIRE PROTECTION & LIFE SAFETY

**D1** Are all buildings equipped with fire sprinklers? ☐ Yes ☐ No

**IF YES, EXPLAIN**

*If yes, state whether coverage is all units or common areas only, whether the system is in good working order, and the last inspection date.*

**D2** Are all units equipped with smoke detectors? ☐ Yes ☐ No

**IF YES, EXPLAIN**

*Specify battery or hard-wired per location, how often detectors are checked, and the last date on the tag.*

**D3** Are all buildings equipped with carbon monoxide detectors? ☐ Yes ☐ No

**IF YES, EXPLAIN**

**D4** Are all buildings equipped with fire extinguishers, in common areas and in each unit? ☐ Yes ☐ No

**IF YES, EXPLAIN**

| LAST SPRINKLER INSPECTION DATE | SMOKE DETECTOR CHECK FREQUENCY | LAST CO DETECTOR TAG DATE | LAST EXTINGUISHER TAG DATE |
|---|---|---|---|
| | | | |

**PROVIDE DETAILS ON MEANS OF EGRESS AT EACH LOCATION, INCLUDING EXTERIOR STAIRS, FIRE ESCAPES AND SECONDARY EXITS**

## E SECURITY & ACCESS CONTROL

**DESCRIBE HOW MANAGEMENT HANDLES THE MONITORING AND STORAGE OF MASTER KEYS**

**E1** Are master keys secured or locked? ☐ Yes ☐ No

**How are locks handled upon change of residents?**

☐ Re-keyed ☐ Changed completely ☐ Not changed



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| LOC # | DEAD BOLTS? | WINDOW LOCKS / BARS? | ALARM IN EVERY UNIT? | 24-HOUR SECURITY PATROL? | GATE ACCESS? (GUARD / CARD / CODE) |
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| NUMBER OF ARMED SECURITY GUARDS | NUMBER OF UNARMED SECURITY GUARDS | GUARDS EMPLOYED BY MANAGEMENT OR INDEPENDENT CONTRACTOR | IF CONTRACTOR — ARE COIS REQUIRED? |
|---|---|---|---|
| | | | |

**E2** Is the applicant named as additional insured on tenants' policies? ☐ Yes ☐ No

**IF YES, EXPLAIN**

## F SWIMMING POOLS & RECREATION

*Complete one row per location with a pool.*

| LOC # | POOL? | # DIVING BOARDS / HEIGHT | # SLIDES / HEIGHT | MAINTAINED BY APPLICANT OR CONTRACTOR | FENCED? | SELF-CLOSING / SELF-LATCHING GATES? |
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| LOC # | LIFEGUARDS ON DUTY? | COMPLIES WITH ALL LAWS? | DEPTH MARKINGS VISIBLE? | WARNING SIGNS & RULES POSTED? | LIFE SAFETY EQUIPMENT POOLSIDE? | VGB COMPLIANT? |
|---|---|---|---|---|---|---|
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**F1** Are all tenants required to sign a waiver of liability for pool use? ☐ Yes ☐ No

**IF YES, EXPLAIN**

**F2** Is alcohol prohibited in the pool area by posted rule? ☐ Yes ☐ No

**F3** Is there roof-top access available to tenants? ☐ Yes ☐ No

**IF YES, EXPLAIN**

## G HISTORY & LITIGATION

*Answer for the past five years across all locations.*

**G1** Has the applicant been sued by a tenant in the past five years? ☐ Yes ☐ No

**IF YES, EXPLAIN**

*If yes, indicate whether any suit alleged wrongful eviction, alleged injury, or was a class action.*

**G2** Are there any ongoing suits at this time? ☐ Yes ☐ No

**IF YES, EXPLAIN**



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**G3** In the past five years, has there been any foreclosure, bankruptcy, repossession, or delinquency in paying taxes? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**G4** Have there been any previous animal bite incidents? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**G5** In the past five years, have there been any assault and battery incidents? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**G6** Has there ever been any sexual or physical abuse incident? ☐ Yes ☐ No
**IF YES, EXPLAIN**

*If yes to G6, CWCO-SUP-ABUSE must be completed in full.*

**G7** In the past five years, has there been a lapse in insurance coverage? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**G8** In the past five years, has there been any bug or other infestation? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**G9** Is there any knowledge of mold forming on the interior or exterior of any building? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**G10** Has the applicant, past or present, been involved in the construction or development of any of these properties? ☐ Yes ☐ No
**IF YES, EXPLAIN**

## H LOSS HISTORY

*Enter all claims, losses and occurrences that may give rise to claims for the past four years, regardless of fault and whether or not insured.*

| DATE OF OCCURRENCE | DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID ($) | AMOUNT RESERVED ($) | OPEN / CLOSED |
|---|---|---|---|---|---|
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**H1** Has all damage from the losses listed above been repaired? ☐ Yes ☐ No
**IF YES, EXPLAIN**

*If yes to H1, provide the date of repair for each in the explanation field.*

## I ADDITIONAL INFORMATION

**ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — RECENT CAPITAL IMPROVEMENTS, TENANT SCREENING PRACTICES, OR PLANNED CHANGES**


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## J REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. Personal information about the applicant, including information from a credit report, may be collected from persons other than the applicant.

**FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)**

| APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME) | TITLE | DATE |
|---|---|---|
| | | |

| PRODUCER — CORY WASHINGTON & CO. LLC | PRODUCER SIGNATURE (TYPE FULL NAME) | DATE |
|---|---|---|
| | | |


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