RESIDENTIAL RENTAL PROPERTY (1–4 UNITS) SUPPLEMENTAL

For owners of 1–4 unit residential rentals — single-family homes, duplexes, triplexes, and quadplexes — leased to long-term tenants (30 days or more). Apartment buildings of 5+ units use CWCO-SUP-HAB; homes leased to a sober living, group home, halfway house, or independent living operator use CWCO-SUP-GRPLRO. Complete with the carrier's dwelling or landlord application. Attach a full property schedule, a sample lease, photos of each property, and five years of loss runs.

1 APPLICANT / OWNER INFORMATION

NAMED INSURED (AS ON THE DEED)	DBA / HOLDING COMPANY	FEIN (IF ENTITY)	YEARS OWNING RENTALS

MAILING ADDRESS	CITY / STATE / ZIP	EFFECTIVE DATE REQUESTED

Ownership type:
☐ Individual(s) ☐ LLC ☐ Trust ☐ Partnership ☐ Corporation

PRIMARY CONTACT	PHONE	EMAIL

1-1 Is any property titled in a different name or entity than the one applying for coverage? ☐ Yes ☐ No
IF YES, EXPLAIN

1-2 Is a third-party property manager used? ☐ Yes ☐ No
IF YES, EXPLAIN

PROPERTY MANAGER NAME	MANAGER PHONE / EMAIL

1-3 If yes to 1-2, does the management agreement require the manager to carry its own liability and E&O coverage? ☐ Yes ☐ No
IF NO, EXPLAIN

2 OPERATIONS — PROPERTIES & TENANCY

PROPERTY ADDRESS	UNITS	YEAR BUILT	SQ. FT.	CONSTRUCTION	OCCUPIED / VACANT / RENO	MONTHLY RENT ($)

List every property. Attach a full schedule if there are more than five.

Portfolio size:
____ Single-family homes ____ Duplexes ____ Triplexes ____ Quadplexes ____ Total units ____ Units vacant today

Tenancy types used (check all that apply):
☐ Annual lease (12 months+) ☐ Month-to-month ☐ Section 8 / Housing Choice Voucher ☐ Student tenants ☐ Furnished / corporate (30+ days)
☐ Rent-by-the-room ☐ Owner lives in one unit

2-1 Are any units rented for fewer than 30 days at a time (short-term or vacation rental)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Was any property formerly the applicant's own home and is it still insured on a homeowners policy? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Are any units rented by the room under separate agreements with each occupant? ☐ Yes ☐ No
IF YES, EXPLAIN

2-4 Is any property leased to an operator of a group home, sober living home, halfway house, or care facility? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to 2-4, complete CWCO-SUP-GRPLRO for each such property.

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2-5 Does any tenant run a business from a unit (home daycare, salon, contractor's shop, or similar)? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — POLICY FORM, VACANCY & BUILDING CONDITION

Dwelling forms differ widely: DP-1 is named-peril and pays actual cash value, while DP-3 is open-peril with replacement cost. After 60 days vacant, vandalism, water, glass, and theft losses are suspended — and a Texas court enforced that clause even though the vacancy did not cause the fire.

Current property form(s) in force (check all that apply):

☐ DP-1 (basic) ☐ DP-2 (broad) ☐ DP-3 (special) ☐ Homeowners form ☐ Commercial property / BOP ☐ Not sure

3-1 Are building limits set at full replacement cost from an estimate made within the past 3 years? ☐ Yes ☐ No
IF NO, EXPLAIN

3-2 Is any property insured at actual cash value rather than replacement cost? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Has any unit been vacant for 30 or more consecutive days in the past 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Is any property vacant now or under renovation? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 3-4, is a vacancy permit or vacancy endorsement in place? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Are heat and utilities kept on in vacant units? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Is any roof more than 15 years old? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Does any property have knob-and-tube wiring, a fuse box, or a Federal Pacific or Zinsco panel? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Does any property have polybutylene or galvanized steel supply plumbing? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Is any property in a FEMA flood zone, wildfire zone, or earthquake or named-storm area? ☐ Yes ☐ No
IF YES, EXPLAIN

3-11 If yes to 3-10, is flood, earthquake, or wind coverage carried for that property? ☐ Yes ☐ No
IF NO, EXPLAIN

3-12 Is loss-of-rents (fair rental value) coverage carried equal to at least 12 months of rent? ☐ Yes ☐ No
IF NO, EXPLAIN

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4 EXPOSURE & RISK QUESTIONS — TENANT LIABILITY, HABITABILITY & LEAD

Dwelling forms include no liability unless a personal liability supplement or landlord liability policy is added. For pre-1978 housing, EPA and HUD fine landlords who skip lead disclosure — including owners of two- and four-unit buildings.

4-1 Is premises liability coverage in force for every rental property? ☐ Yes ☐ No
IF NO, EXPLAIN

LIABILITY LIMIT PER OCCURRENCE ($)

UMBRELLA / EXCESS LIMIT ($)

4-2 Were any properties built before 1978? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 4-2, is the lead disclosure form and EPA pamphlet given and signed at every lease? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 If yes to 4-2, are painting and renovation contractors EPA lead-safe (RRP) certified? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 In the past 3 years, has a tenant or code officer reported mold, pests, no heat, or water intrusion? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are tenant repair requests logged with the date received and date fixed? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Are smoke and carbon monoxide alarms tested at every tenant turnover? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Do any tenants keep dogs? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 If yes to 4-8, must tenants with dogs carry renters liability insurance? ☐ Yes ☐ No
IF NO, EXPLAIN

4-10 Does the lease require every tenant to carry renters insurance with liability? ☐ Yes ☐ No
IF NO, EXPLAIN

4-11 Does any property have a pool, hot tub, trampoline, dock, or play structure? ☐ Yes ☐ No
IF YES, EXPLAIN

4-12 Are written tenant screening criteria applied the same way to every applicant? ☐ Yes ☐ No
IF NO, EXPLAIN

4-13 In the past 5 years, has a tenant claimed discrimination, wrongful eviction, or withheld deposits? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL GROSS RENTS ($)

PRIOR YEAR GROSS RENTS ($)

ANNUAL PAYROLL, IF ANY ($)

5-1 Does the applicant employ anyone to maintain or repair the properties? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Are handymen or contractors paid without a certificate of insurance on file? ☐ Yes ☐ No
IF YES, EXPLAIN

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6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

CURRENT CARRIER	POLICY FORM / EXPIRATION	CURRENT ANNUAL PREMIUM ($)

DATE OF LOSS	PROPERTY / DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-1 Has any claim been denied or reduced because of vacancy, an exclusion, or the wrong policy form? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has any carrier declined, cancelled, or non-renewed a rental property in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Is the applicant aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1 Is each property inspected inside and out at least once a year? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Is the lease an attorney-reviewed or state landlord association form? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Are water heaters, supply lines, and roofs checked on a written schedule? ☐ Yes ☐ No
IF NO, EXPLAIN

8 SIGNATURE & FRAUD WARNING

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. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

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, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

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