

ASPYRE HABITATION PROGRAM

HABITATION APPLICATION

First Named Insured: _____ Business Website: _____ Effective Date: / /	Inspection Contact: _____ Inspection Email: _____ Inspection Phone: _____
----------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

SECTION I - PROPERTY OWNERSHIP AND MANAGEMENT

PROPERTY OWNERSHIP

1. Does any Named Insured:

- Act now, or in the past, as a developer, contractor, construction manager, or similar profession related to construction? ☐ Yes ☐ No
- Perform real estate sales, property management, maintenance, consulting, or advisory services for properties they do not own? ☐ Yes ☐ No
- Own other commercial, industrial, or residential properties that are not included in this submission? ☐ Yes ☐ No

2. In the past five years, has any Named Insured:

- Had an insurance company cancel, non-renew, decline, or refuse to quote coverage for any locations in this submission? ☐ Yes ☐ No
- Carried property or liability insurance with a non-admitted insurance carrier for any locations in this submission? ☐ Yes ☐ No
- Had, or currently has pending, a foreclosure, bankruptcy, repossession, judgement, or delinquency in paying taxes? ☐ Yes ☐ No

3. Were any evictions filed in the last 2 years or are there any planned, ongoing, or scheduled evictions in the next 12 months? ☐ Yes ☐ No

Provide full details for every "Yes" response above: *(Attach additional pages if needed. Checking "Yes" will not automatically disqualify submissions.)*

4. How long has Named Insured been in business as a property owner? _____ years

5. Do all locations and Named Insured entities share at least 51% common ownership? (Check "yes" if only 1 entity and location)..... ☐ Yes ☐ No

MANAGEMENT PRACTICES *(Selections may affect eligibility and/or pricing. Additional documentation may be requested)*

1. Does Named Insured perform background checks on all prospective tenants? ☐ Yes ☐ No

If yes, which reports are included with every background check? (Check all that apply)

- ☐ Nationwide Sex Offender Registries
 ☐ Nationwide Criminal History
 ☐ Credit History
 ☐ Evictions
 ☐ Employment Verification
☐ Personal/One-On-One Interviews
 ☐ Personal References
 ☐ Other: _____

2. Does the lease or By-Laws require the residents to carry Liability Insurance with at least \$100,000 limits? ☐ Yes ☐ No

3. Does an Owner, Manager, or Superintendent live full-time on the premises? ☐ Yes ☐ No

4. Are tenants permitted to sublet or lease their apartment units as seasonal or short-term rentals to others? (AirBnB, VRBO, etc.)..... ☐ Yes ☐ No

PROPERTY MANAGEMENT FIRM - ☐ NO PROPERTY MANAGEMENT FIRM HIRED BY NAMED INSURED – SKIP TO SECTION II

1. Name of Property Management Company: _____

2. How long has the Property Management Firm managed the location(s) provided in this application? _____ years

SECTION II – POLICY-LEVEL COVERAGES

HIRED AND NON-OWNED AUTO COVERAGE - ☐ COVERAGE REJECTED – SKIP TO QUESTION B.

1. How often are hired and non-owned autos used in the Named Insured's business? ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely

2. Are any vehicles rented or borrowed for use in the business other than private passenger vehicles or light trucks? ☐ Yes ☐ No

3. Does Named Insured require employees to have personal auto liability insurance with at least \$100K/\$300K/\$50K limits? ☐ Yes ☐ No

4. Does Named Insured ever rent or hire vehicles that include a driver? ☐ Yes ☐ No

5. Does Named Insured obtain motor vehicle records for all employee drivers? ☐ Yes ☐ No

6. Number of Employees for all locations (excluding owners, contractors, and hired property management firms): _____

NEW YORK LABOR LAW/CONTRACTUAL RISK MANAGEMENT

1. Please check the box for one of the options below. **Supporting documentation must be provided at binding.**

- ☐ A copy of a contract used between Named Insured and a hired contractor during last 12 months and the contractor's proof of insurance.
- ☐ Agree to use the Aspyre Contract Addendum for contracts involving basic construction projects, routine maintenance, and small repairs.
- ☐ Reject coverage for Independent Contractors. **An exclusionary form will be attached for work performed and injury sustained by work**

2. In the table below, advise which services are performed to maintain the premises and who provides those services.

Trade or Service Performed	Owner or Employee	Insured Contractor	Uninsured Contractor	Furnished by Property Manager	Not Performed or Not Applicable
Unit Repairs & Building Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevator Maintenance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pest Control Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security Guards & Off-Duty Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalk Inspections and Upkeep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow Removal and Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any other services performed and who provides those services: (i.e., Janitorial, parking lot repair, parking attendant, childcare, etc.)

3. The following are **unacceptable exposures**. Please confirm that none of the below in 3. apply and will not occur during the policy period.

Does any Named Insured:

Allow hired workers to work without a signed contract, or with a contract lacking a hold harmless/indemnification agreement? ☐ Yes ☐ No

Hire or utilize uninsured workers, underinsured workers, unskilled or casual laborers? ☐ Yes ☐ No

4. Do Contractors provide Certificates of Insurance, reflecting adequate limits for GL & Workers Comp, before starting work? ☐ Yes ☐ No

Are all Certificates of Insurance and signed contracts retained for at least 5 years? ☐ Yes ☐ No

Is Contractor's insurance checked for exclusions for contractual liability, injury to employees/hired contractors, and similar? ☐ Yes ☐ No

5. Will there be ongoing, scheduled, planned, or contemplated construction during the policy period that include any of the following?

- New ground-up building construction, demolition (including interior), structural renovations, or building additions ☐ Yes ☐ No
- Façade or other exterior building repair, or work requiring the use of hoists, scaffolds, or cranes ☐ Yes ☐ No
- Total or partial upgrade, or replacement of the boiler or HVAC, sprinklers, electrical, roof, or plumbing systems ☐ Yes ☐ No
- Other work where the total cost of labor and materials is over \$50,000 for the project ☐ Yes ☐ No

LEAD HAZARDS AND REMEDIATION

Please choose one of the following options:

- ☐ All buildings were constructed on or after 1980.
- ☐ Accept exclusion for claims arising from lead hazards in buildings constructed prior to 1980 with a significant lead exposure.
- ☐ Request coverage for lead-based paint hazards. **Answer questions #1 - #9 below:**

1. Was coverage for lead excluded or sublimated on the expiring policy? ☐ Yes ☐ No

2. Was the property issued "Lead Free" or "Lead Safe" exemption status/certification by a Certified Inspector? ☐ Yes ☐ No

If no, provide details in lead safety including year of most recent lead inspection, scope of inspection, and results:

3. Describe the process for handling complaints or notices of peeling, flaking, or damaged paint, or other lead hazards in apartment units.

4. Are there plans for remediation, removal, or inspection for lead or other pollution hazards within the next 12 months? ☐ Yes ☐ No

5. Does Named Insured have knowledge of claims, suits, or notices pertaining to lead contamination, poisoning, or similar? ☐ Yes ☐ No

SIDEWALKS AND PARKING AREAS

1. Are sidewalks and parking areas in good condition? ☐ Yes ☐ No

2. Are there any cracks, holes or divots ½" or greater? ☐ Yes ☐ No

3. Are there any vertical changes ½" or greater between any sections of the sidewalk? ☐ Yes ☐ No

4. If tree wells are present, are they fenced according to local code or level with the sidewalk to prevent trip & falls? ☐ Yes ☐ No ☐ N/A

5. Any other hazards present which could cause trips & falls?

SECTION III - LOCATION – LEVEL INFORMATION

Instructions: Complete one copy of Section III (two pages) for each location submitted for coverage. **Section III is not required when providing a complete Aspyre SOV for all insured locations.**

☐ **ASPYRE SOV INCLUDED FOR ALL COVERED LOCATIONS - SKIP TO SECTION IV**

LOCATION ADDRESS: _____

YEARS LOCATION OWNED: _____

OCCUPANCY: ☐ APARTMENTS (☐ includes Mixed-Use) ☐ COOPERATIVE (☐ includes HDFC) ☐ CONDOMINIUMS ☐ CONDOP ☐ OTHER

RESIDENTIAL OCCUPANTS

TOTAL NUMBER OF RESIDENTIAL UNITS: _____

Advise the number of residential units present for each category. These should add up to the total number of residential units indicated above.

Market Rate/General Housing:	Elderly or Disabled Housing:	Owner-Occupied:
Vacant, Unoccupied, or Unsold:	Student Housing:	
Short-Term (Nightly/Weekly/Monthly) Use:	Single Room Occupancy (SRO):	

PROPERTY INFORMATION

Building Limit:	\$	BPP Limit:	\$
Annual Rents and Fees:	\$	Property Deductible:	\$
Flood Coverage:	\$	Flood Deductible:	\$
Earthquake Coverage:	\$	Earthquake Deductible:	\$
Ord/Law Blanket Limits:	\$ (Blanket B+C, Cov. A Included)	Water Backup Coverage:	\$
Year Built:		Total Building Area:	
Number of Stories:	(Excluding underground parking)	% Exterior EIFS Cladding:	<input type="checkbox"/> Check if No EIFS Present
Construction Type:	(FRAME, JM, NC, MNC, MFR, FR)	# of Elevators Present:	<input type="checkbox"/> Check if None Present

BUILDING SYSTEMS

Provide the years the building systems below were updated. If not totally replaced, advise year of most recent inspection of the system's integrity.

BUILDING SYSTEM	YEAR OF MOST RECENT UPDATE	YEAR OF MOST RECENT INSPECTION BY QUALIFIED CONTRACTOR
Roof Update Year:	AND <input type="checkbox"/> Check if Total Replacement	AND <input type="checkbox"/> Check if No Outstanding or Pending Repairs
HVAC Update Year:	AND <input type="checkbox"/> Check if Total Replacement	AND <input type="checkbox"/> Check if No Outstanding or Pending Repairs
Electrical Update Year:	AND <input type="checkbox"/> Check if Total Replacement	AND <input type="checkbox"/> Check if No Outstanding or Pending Repairs
Plumbing Update Year:	AND <input type="checkbox"/> Check if Total Replacement	AND <input type="checkbox"/> Check if No Outstanding or Pending Repairs
Gut Renovation Year:	(Enter "N/A if not performed")	

Describe the updates and repairs made (if not totally replaced) for all criteria above where a year was indicated:

A. ELECTRICAL WIRING - Check all that are present including partial or inactive electrical wiring or fixtures:

☐ Knob and Tube Wiring ☐ Aluminum Wiring ☐ Copper Wiring ☐ Fuses/Fusebox ☐ Circuit Breakers ☐ Other: _____

Does electrical have Federal Pacific Stab-Lok Breakers or Zinsco/Zinsco-Sylvania Systems present? ☐ Yes ☐ No

B. PLUMBING - Check all that are present including partial or inactive plumbing or fixtures:

☐ Copper ☐ PVC ☐ PEC ☐ Galvanized Steel ☐ Lead/Lead Lined ☐ Polybutylene ☐ Other: _____

C. HEATING & AIR CONDITIONING - Check all that are present:

☐ Wood-burning Fireplaces ☐ Wood or Pellet Stoves ☐ Boiler ☐ Heating Oil – Underground Storage Tank ☐ Natural Gas ☐ Central Air

AMENITIES AND SERVICES

Clubhouses, Gyms, (#):	Community Centers (#):	Sports Courts (#):	Parks/Playgrounds (#):
Swimming & Wading Pools (#):	Hot Tubs & Spas (#):	Diving Boards (#):	Saunas (#)

1. Are any of the following services provided/operated now, or will start within the next 12 months, by any Named Insured or Third Party?
 - Spas, salon services, tanning beds, massage therapy, personal trainer, exercise classes (yoga, cycling, etc.) ☐ Yes ☐ No
 - Daycares, before/after school programs, tutoring, other childcare services, or other operations involving children..... ☐ Yes ☐ No
2. Is rooftop access available for social events or tenant use? ☐ Yes ☐ No
3. Are any amenities or services available to the public for a fee, or as part of a membership, such as clubhouses? ☐ Yes ☐ No

SWIMMING POOLS, SPAS, HOT TUBS, WADING POOLS - ☐ NOT PRESENT – SKIP TO FIRE, LIFE SAFETY, AND SECURITY

1. Pools and Perimeter Railings comply with state safety requirements: ☐ Yes ☐ No
2. Pool 100% fenced/enclosed & is locked when closed down:..... ☐ Yes ☐ No
3. All gates equipped with self-closing and self-latching gates/doors: ☐ Yes ☐ No
4. Pools contain anti-vortex/anti-entrapment drain covers in compliance with the Virginia Graeme Baker Pool and Spa Safety Act:..... ☐ Yes ☐ No
5. Are lifeguards provided? ☐ Yes ☐ No

FIRE, LIFE SAFETY, AND SECURITY

1. Are Smoke and Carbon Monoxide Detectors hardwired or battery? *(Check both boxes if hardwire with battery backup)* ☐ Hardwire ☐ Battery
2. Smoke and Carbon Monoxide Detectors present in all units and common areas? ☐ Yes ☐ No
3. Are smoke or carbon monoxide detectors connected to a central station? ☐ Yes ☐ No
4. Fire Extinguishers tagged annually and provided for all common areas and residential units? ☐ Yes ☐ No
5. Is the property designated Smoke-Free in the Leases or By Laws, except in designated areas?..... ☐ Yes ☐ No
6. Are there 2 means of egress on each floor, such as second interior stairwell, exterior stairs, fire escape, etc.? ☐ Yes ☐ No
7. Do all buildings and floors have clearly marked fire exits? ☐ Yes ☐ No
8. Is outdoor lighting present that provides visibility for all areas of the insured property, including all parking areas? ☐ Yes ☐ No
9. Regular inspection and maintenance of all balconies and railings? ☐ Yes ☐ No ☐ Not Present
10. Grilling or Cooking permitted on balconies? ☐ Yes ☐ No ☐ Not Present
 - If yes, what types of grills are allowed? ☐ Charcoal/Wood ☐ Propane ☐ Natural Gas ☐ Electric
11. Does the property permit e-bikes, scooters, or other personal mobility devices powered by lithium-ion or other batteries to be stored inside the building?..... ☐ Yes ☐ No
 - If yes, where are they stored *(check all that apply)*: Units ☐ Common Areas ☐ Basement ☐
12. Are Electric Vehicle Chargers located inside a parking garage or out on a parking lot owned by the insured? ☐ Yes ☐ No
 - If yes, what type and how many? ____ Level 1 ____ Level 2 ____ DC Fast Charging

PROTECTIVE SAFEGUARDS *(Selections may affect eligibility and/or pricing. Additional documentation may be requested)*

A. Sprinkler System - ☐ NOT PRESENT IN BUILDING – SKIP TO QUESTION B. LIFE SAFETY AND SECURITY

1. Sprinkler system connected to a 24-hour monitoring service/central station?..... ☐ Yes ☐ No
2. Areas of Coverage (Check all that apply): ☐ Residential Units ☐ Common Areas ☐ Attic ☐ Basement or Boiler Room ☐ Internal Stairwells

B. Life Safety and Security - Check all the following present:

LIFE SAFETY PROTECTIVE SAFEGUARDS	SECURITY PROTECTIVE SAFEGUARDS
<input type="checkbox"/> Annunciator Panels <input type="checkbox"/> Evacuation Plan, including annual reminders to all tenants <input type="checkbox"/> Emergency Lighting <input type="checkbox"/> Standpipes <input type="checkbox"/> Manual Pull Alarms/Stations in Hallways and Stairways	<input type="checkbox"/> Buzzers, Call Buttons, or Intercoms <input type="checkbox"/> 24-Hour Video Surveillance or CCTV <input type="checkbox"/> Doorman – 24 Hours <input type="checkbox"/> Doorman – Evenings <input type="checkbox"/> Doorman – Daytime <input type="checkbox"/> Secured Building Access w/ Key, Card, or Fob <input type="checkbox"/> Gated Security at all entrances

SECTION IV - LESSOR'S RISK AND COMMERCIAL OPERATIONS

☐ **NO LESSOR'S RISK OR COMMERCIAL OPERATIONS PRESENT - SKIP TO NEXT PAGE**

COMMERCIAL OCCUPANCY:

Provide the details below for each commercial occupant. **If additional space is necessary, attach a separate word doc or excel SOV.**

Commercial Occupant Info	Tenant #1	Tenant #2	Tenant #3	Tenant #4
Business Name:				
Location #:				
Description of Operations:				
Occupied Area:				
Years at Location:				

- Does any Named Insured have ownership, financial interest, oversight, or control of any of the commercial occupants? ☐ Yes ☐ No
- Are there any anticipated changes to the commercial occupants over the next 12 months, such as subleasing or moving out? ☐ Yes ☐ No
- Will there be construction, buildouts, retrofitting, or other work for tenant to occupy or operate within a leased space? ☐ Yes ☐ No
- Are any commercial spaces currently Vacant or Unoccupied? ☐ Yes ☐ No

COMMERCIAL EXPOSURES:

Advise if any commercial occupants have the following operations or exposures:

- Close after 10PM any day of the week or stay open 24 hours a day ☐ Yes ☐ No
- Provide liquor for on-site consumption (Restaurant, Bar, Comedy or Night Club, Nail Salon, Boutique Store, etc.)..... ☐ Yes ☐ No
- Utilize Security guards, police, canines, bouncers, or weapons/firearms - regardless of frequency, type, or purpose..... ☐ Yes ☐ No
- Act as a Restaurant or other establishments with cooking operations (Does not include light cooking with microwave)..... ☐ Yes ☐ No

If Yes, check all that apply:

- Functioning hood and duct fire extinguishing systems present with Semi-Annual Service Agreement in place ☐ Yes ☐ No ☐ Unsure
- Manual shut-off installed ☐ Yes ☐ No ☐ Unsure
- Deep fat fryers have a high temperature switch ☐ Yes ☐ No ☐ Unsure
- Cooking equipment complies with UL-300 and NFPA 96 Standards ☐ Yes ☐ No ☐ Unsure

Provide details, including location and name of business, for every "YES" response above:

CONTRACTUAL INFORMATION *(Copies of executed lease, tenant's insurance, or other documentation may be requested)*

- Does Named Insured use a written lease agreement with all commercial tenants? ☐ Yes ☐ No
- Do all written leases include provisions requiring the Commercial Tenant to:**
 - Hold harmless, defend, indemnify, and waive rights of subrogation against the Named Insured for damages? ☐ Yes ☐ No ☐ Unsure
 - Maintain GL insurance with limits of at least \$1M Each Occurrence/\$2M Aggregate? ☐ Yes ☐ No ☐ Unsure
 - Provide Additional Insured status to the building owner on the General Liability policy? ☐ Yes ☐ No ☐ Unsure
 - Obtain prior approval from Landlord before hiring contractors to modify the commercial space? ☐ Yes ☐ No ☐ Unsure
- Does Tenant provide evidence of the above insurance requirements prior to moving in and annually thereafter?..... ☐ Yes ☐ No
 - Is Tenant's insurance checked for exclusions for contractual liability, injury to employees/hired contractors, and similar? ☐ Yes ☐ No
 - Does the named insured retain certificates of insurance and executed lease agreements for at least 5 years? ☐ Yes ☐ No

FRAUD STATEMENT AND SIGNATURE SECTIONS

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true (including Statements of Value, appraisals, photos, etc.) and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy.

NOTICE TO APPLICANTS: 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 that person to criminal and civil penalties.

NEW YORK FRAUD STATEMENT: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S SIGNATURE: _____ **DATE:** _____
(Must be signed by an active owner, partner, or executive officer)

APPLICANT'S NAME AND TITLE: _____

PRODUCER'S SIGNATURE: _____ **DATE:** _____

PRODUCER'S NAME: _____