



HABITATIONAL SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: _____

KISHOLE RASVET

Mailing Address: _____

Location Address: _____

Website Address: _____

Policy Number: _____

Phone: _____ Fax: _____

1. Contact Person (Owner/Manager): KISHOLE RASVET Phone: 503-327-4202

2. Location street address, city, county, state and zip code (if more than 4 locations, attach separate schedule):

Location #1: Windsong Circle, East Brunswick, NJ

Location #2: _____

Location #3: _____

Location #4: _____

3. Fire Protection and Security Information

a. Sprinkler system (X all applicable):

☐ Common areas

☐ Trash chutes

☒ All units

b. Central station fire alarm?

☒ Yes ☐ No

c. Working standpipes on every floor?

☒ Yes ☐ No

d. Smoke detectors in each living unit?

☒ Yes ☐ No

If yes, select type:

☒ Battery

☐ Hardwired

Hallway leading to bedroom?

☐ Yes ☐ No

e. Fire Extinguishers:

In each unit?

☒ Yes ☐ No

In common areas?

☐ Yes ☐ No

f. Separation between buildings?

☒ Yes ☐ No

If yes, distance between buildings:

50 meters

g. Is security provided?

☐ Yes ☒ No

If yes, ☐ Patrol ☐ Gated Access

☐ Alarm System

24-hour security?

If yes, Armed?

☐ Yes ☒ No

☐ Independent/Contracted

Cost: \$ _____

Unarmed?

☐ Yes ☒ No

☐ Employee

Payroll: \$ _____

If security is Independent/Contracted, are certificates required?

☐ Yes ☐ No

h. If gated, is the entire complex gated?

How is access obtained?

Who is given access?

i. If alarm system, who monitors the system?

Are alarm systems in every unit?

☐ Yes ☐ No

4. General Information

a. Number of stories: 2

If over 3 stories:

are interior stairwells equipped with self-closing locking fire doors on each floor?

☐ Yes ☒ No

b. If there have been any water damage claims within the past three (3) years, has the insured taken protective safeguards to ensure this doesn't happen again?

☒ Yes ☐ No

If yes, describe: leaks were properly sealed

c. Has applicant received any claims for wrongful eviction in the past five (5) years?

☐ Yes ☒ No

If yes, how many of these claims were paid? _____ Provide details: _____

d. Are any of the applicant's properties subject to rent control laws?

☐ Yes ☒ No

5. Hotel or Motel

a. Peep holes in each unit door?

☐ Yes ☐ No

b. Dead bolts in each unit door?

☐ Yes ☐ No

c. Non-slip surface in all tub/shower areas?

☐ Yes ☐ No

d. Electric door with card key system used?

☐ Yes ☐ No

6. Recreational Facilities

a. Are there lakes on the property?

☐ Yes ☒ No

If yes, provide total acreage: _____

Boat ramps?

☐ Yes ☒ No

If yes, provide receipts: _____

Boat docks/slips?

☐ Yes ☒ No

If yes, # of slips: _____

Boat rentals?

☐ Yes ☒ No

If yes, # of boats: _____ Receipts: _____

Powered boats allowed on lake?

☐ Yes ☒ No

Personal watercraft?

☐ Yes ☐ No

Diving platforms (permanent or floating)?

☐ Yes ☐ No

Provide details of all boat rentals: _____

b. Any dams?

☐ Yes ☒ No

If yes, provide inspection report and pictures of dam (include downstream exposure).

c. Any bike paths?

☐ Yes ☒ No

If yes, # of miles: _____

d. Any motorcycle or ATV trails?

☐ Yes ☒ No

If yes, # of miles: _____

e. Any club houses?

☐ Yes ☒ No

If yes, total square footage: _____

f. Any exercise or weight rooms?

☐ Yes ☒ No

If yes, # of rooms: _____

h. Any picnic areas?

☐ Yes ☒ No

If yes, # of areas: _____

i. Any golf courses and/or driving range?

☐ Yes ☒ No

If yes, provide details: _____

j. Any horse:

Pasturing?

☐ Yes ☒ No

Rental?

☐ Yes ☐ No

Stables?

☐ Yes ☒ No

Riding Ring?

☐ Yes ☐ No

Trails?

☐ Yes ☒ No

If yes, miles of riding trails: _____

k. Are there any swimming pools? ☐ Yes ☒ No (If yes, answer the remaining questions in 8.k.)

How many pools? _____

Diving boards? ☐ Yes ☐ No If yes, provide height: _____

Slides? ☐ Yes ☐ No

Underwater lighting? ☐ Yes ☐ No

Steps into shallow end with handrails? ☐ Yes ☐ No

Is pool area completely surrounded by walls or fencing with self-closing / self-latching gate? ☐ Yes ☐ No

If yes, provide height of wall and/or fence: _____

Do any doors open directly into the pool area? ☐ Yes ☐ No

Are depth markings clearly shown? ☐ Yes ☐ No

Do drain covers meet or exceed all codes, Acts or regulations? ☐ Yes ☐ No

Are warning signs and rules posted in accordance with local statutes and clearly visible? ☐ Yes ☐ No

Is rescue equipment, including a ring buoy and 12 foot shepherd's hook, available at poolside? ☐ Yes ☐ No

Pool maintained by: ☐ Applicant ☐ Outside Contractor

Lifeguards provided by: ☐ Applicant ☐ Pool Management Company ☐ Other _____

Does applicant sponsor: ☐ Swim teams? ☐ Yes ☐ No If yes, how many? _____

Swim contest? ☐ Yes ☐ No If yes, provide total # of days: _____

l. Number of: Basketball Courts: 0 Racquetball Courts: 0 Squash Courts: 0

Handball court rooms: 0 Playgrounds or parks: 0 Saunas: 0 Spas: 0

m. Are any of the previous recreational facilities (a. through l.) available to the public? ☐ Yes ☒ No

If yes, provide explanation and include receipts: _____

7. Renovations and/or Recent Updates (provide information on additional locations on separate page)

Type of Update	Year of Update or Renovation			
	Location #1	Location #2	Location #3	Location #4
Electric	19			
HVAC	19			
Plumbing	20			
Roof	20			
Other:				

8. **Description of Location(s)** (provide information on additional locations on separate page)

*** Occupancy Type:** A = Apartment Building E = Dwelling / Two Family I = Fraternity / Sorority House
 B = Garden Apartments F = Dwelling / Three Family J = Motel
 C = Apartment - Hotel / Timeshare G = Dwelling / Four Family K = Hotel
 D = Dwelling / One Family H = Boarding or Rooming House L = Condominium

**** Construction type:** F = Frame (including corrugated metal, stucco & non-combustible) JM = Joisted Masonry / Brick
 MFR/FR = Modified Fire Resistive / Fire Resistive MNC = Masonry Non-Combustible

Description	Location #1	Location #2	Location #3	Location #4
Years owned by insured				
Occupancy type * (see list above)	L			
Construction type ** (see list above)	F			
Year built	1997			
# of stories	2			
# of total units / buildings	1800 / 29	/	/	/
Total square feet	350,000			
Is manager on premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly rent per unit	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 Other:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Other:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Other:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Other:
# of bedrooms (check all applicable):	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 Other:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Other:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Other:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Other:
% of units owner-occupied	90-100			
% of units vacant	10-100			
Is there a timeshare exposure?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
% long term (more than 30 days)				
% short term (less than 30 days)				
Who handles rentals? A = Association, U = Unit Owner	<input type="checkbox"/> A <input checked="" type="checkbox"/> U Other:	<input type="checkbox"/> A <input type="checkbox"/> U Other:	<input type="checkbox"/> A <input type="checkbox"/> U Other:	<input type="checkbox"/> A <input type="checkbox"/> U Other:
Does association receive rental revenue?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide annual revenue	\$	\$	\$	\$
% of units rented to others				
% of units subsidized				
% of student renters				
Is location a retirement and/or elderly facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is medical assistance offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any emergency pull cords or buttons?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is location an assisted living facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wiring type: C Copper, A Aluminum, P Pigtailed	<input checked="" type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P
Do fire walls separate buildings?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If > 3 stories, are interior stairways equipped with self closing/locking fire doors on each floor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any wood shake shingle roofs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of heating system				
If space/portable heating: is it UL electric, Kerosene, vented gas or unvented gas?	Vented gas			
Any wood burning stoves or fireplaces?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date of last inspection/cleaning:				
Is location on historical register (local, county, state, national)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any carports?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any fences?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection class:				

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.


NOTICE TO COLORADO APPLICANTS:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

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 Name FISHORE RASURI

Applicant Signature 

Date 8/9/2018

Producer Name _____

Producer Signature _____

Date _____