

TPCI Supplemental - Habitational

Insured Name		Years of industry experience		Full time employees	
				Part time employees	
Security/Surveillance at Premises (check all that apply)				For contracted security services: Does the security company name the applicant as additional insured in their GL and Security Guard E&O policy?	
<input type="checkbox"/> Video Surveillance	<input type="checkbox"/> Security Service	<input type="checkbox"/> Employees	<input type="checkbox"/> Contractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> No Security or Surveillance	<input type="checkbox"/> Armed	<input type="checkbox"/> Unarmed	<input type="checkbox"/>	<input type="checkbox"/> N/A	
Type of pets allowed, not including service animals (check all that apply):					
<input type="checkbox"/> None	<input type="checkbox"/> Small Dogs (<20 lbs)	<input type="checkbox"/> Large Dogs (>=50 lbs)		Describe "other":	
<input type="checkbox"/> Cats	<input type="checkbox"/> Medium Dogs (<50 lbs)	<input type="checkbox"/> Other			
Indicate all that are applicable to individual units or patios:					
<input type="checkbox"/> Wood Burning Stoves	<input type="checkbox"/> Wood Burning Fireplaces	<input type="checkbox"/> Patio BBQ Grills	<input type="checkbox"/> None		
How often is the area around (including the backside) the washer and dryer cleaned?					
<input type="checkbox"/> Monthly or more often	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually	<input type="checkbox"/> Less Frequently than Annually	
Are Zinsco or Stab-Lok circuit breakers in use?					
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Liability Information

Check here if there is no vacant land (if checked, this section may be skipped)

# of Acres	Is any land being used as hunting preserves or dude ranches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain any plans for development of vacant land in the next two years:			

Check here if there are no playgrounds (if checked, this section may be skipped)

Number of Playgrounds	Indicate type of equipment present (check all that apply)				
	<input type="checkbox"/> Teeter-Totters	<input type="checkbox"/> Climbers	<input type="checkbox"/> Slides	<input type="checkbox"/> Other moving or spinning equipment	
	<input type="checkbox"/> Merry-Go-Rounds	<input type="checkbox"/> Crawl Tubes	<input type="checkbox"/> Swings	<input type="checkbox"/> Other stationary equipment	
	<input type="checkbox"/> Jungle Gyms	Describe "other" equipment:			
What type of surface exists below the playground equipment?				Are playgrounds entirely enclosed or fenced in?	
<input type="checkbox"/> Rubber	<input type="checkbox"/> Sand	<input type="checkbox"/> Other soft surface		Describe "other" surface:	
<input type="checkbox"/> Grass	<input type="checkbox"/> Dirt	<input type="checkbox"/> Other Hard surface			
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does the risk have any ponds?	Is there a banquet facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of athletic courts (tennis, basketball, etc):		Number of swimming pools or spas:	
<i>If there are no pools or spas, this section may be skipped</i>			
Is the pool/spa completely fenced-in (5 ft min.) with a self-latching/closing gate and regularly cleaned/maintained by a third party contractor?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the pool/spa compliant with all applicable requirements including available lifesaving equipment, clearly identified depth markers, and posted rules/warning signs regarding the use?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the pool/spa have a drain cover or anti-entrapment systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a roof top swimming pool/spa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a diving board or slide?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a pool/spa lift in compliance of Americans with Disability Act?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check here if there are no exercise rooms (if checked, this section may be skipped)

Number of exercise rooms:	Do exercise rooms have a controlled access point?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate all types of equipment present:			Describe any other
<input type="checkbox"/> Stationary Bicycles	<input type="checkbox"/> Ellipticals	<input type="checkbox"/> Stairmasters	
<input type="checkbox"/> Rowing Machines	<input type="checkbox"/> Treadmill	<input type="checkbox"/> Bench Press	<input type="checkbox"/> Barbells weighing > 30 lbs.
Number of Saunas			
Do saunas have a controlled access point?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Liability Information (continued)					
Does the risk have dock or pier?	<input type="checkbox"/>	Yes	Does the operation have facilities for children or senior care?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
Are there any railings (stairway, patio, deck, etc)?	<input type="checkbox"/>	Yes	If yes, are bars vertical and no more than 4 inches apart?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
<i>The following may be skipped if risk is a condo association</i>					
Does the risk have window security bars?	<input type="checkbox"/>	Yes	If yes, are they equipped with a functioning emergency quick release in sleeping quarters?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
Is roof accessible by tenants/guests?	<input type="checkbox"/>	Yes	Are ranges and ovens secured with an anti-tipping device?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No

THE UNDERSIGNED IN AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWER TO QUESTION ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO BEST OF HIS/HER KNOWLEDGE.			
Producer's Signature		Producer's Name (Please Print)	
Applicant's Signature		Date	National Producer Number