

## 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"/> No Security or Surveillance	<b>Security Service:</b> Employees <input type="checkbox"/> Contractors Armed <input type="checkbox"/> Unarmed <input type="checkbox"/>	
Type of pets allowed, not including service animals (check all that apply):		
<input type="checkbox"/> None <input type="checkbox"/> Cats	<input type="checkbox"/> Small Dogs (<20 lbs.) <input type="checkbox"/> Medium Dogs (<50 lbs.)	<input type="checkbox"/> Large Dogs (>=50 lbs.) <input type="checkbox"/> Other Describe "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"/> Merry-Go-Rounds <input type="checkbox"/> Jungle Gyms	<input type="checkbox"/> Climbers <input type="checkbox"/> Crawl Tubes Describe "other" equipment:	<input type="checkbox"/> Slides <input type="checkbox"/> Swings <input type="checkbox"/> Other moving or spinning equipment <input type="checkbox"/> Other stationary 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Grass	<input type="checkbox"/> Dirt	<input type="checkbox"/> Other Hard surface	

Does the risk have any ponds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of athletic courts (tennis, basketball, etc):	Number of swimming pools or spas:	

**Check here if there are no pools or spas (if checked, this section may be skipped)**

Is the pool/spa completely fenced-in (5 feet 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 with 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"/> Barbells weighing > 30 lbs.
<input type="checkbox"/> Rowing Machines	<input type="checkbox"/> Treadmills	<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 a dock or pier?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the operation have facilities for children or senior care?	<input type="checkbox"/> Yes	<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	

**Check here if the risk is a condo association (if checked, this section may be skipped)**

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	<input type="checkbox"/> No		
Are ranges and ovens secured with an anti-tipping device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO BEST OF HIS/HER KNOWLEDGE. FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING STATEMENT: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

Producer's Signature:	Producer's Name (Please Print):		
Applicant's Signature:	Date:	National Producer Number:	
Applicant's Name (Please Print):			