



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

HABPRO HABITATIONAL APPLICATION

Date: _____

Named Insured: _____

Mailing Address: _____

Inspection contact name _____ Phone # _____

Does insured have 3+ years management/ownership experience Yes No

Property Location(s):

(Name, Street Address, City, State, Zip Code)

Description of Locations/Operations:

	Location # ____	Location # ____	Location # ____	Location # ____
Type of Occupancy				
*Occupancy Key A – Apartment B – Garden apartment C – Apartment hotel/timeshare D – Dwelling/one family E – Dwelling/two family F – Dwelling/three family G – Dwelling/Four Family H – Condominiums				
Years owned by Insured				
Year Built				
Type of Construction				
Type of Roof				
# of Buildings				
# of Stories				
# of Total Units				
Total Square Feet				
% of Occupancy				
% of Students				
% of Section 42 Units				

Any unit Owner Occupied?	<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 Mercantile exposure?	<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
If YES, what type?				
Total Mercantile Square Footage				
# of units rented to others if condominium?				
Vacant?	<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
Buildings condemned or scheduled for demolition?	<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
Is bldg. a Retirement/Elderly or Assisted Living facility?	<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
If "Yes" above, is any medical assistance offered?	<input type="checkbox"/> Retirement/Elderly <input type="checkbox"/> 55+ Senior Living <input type="checkbox"/> Assisted Living	<input type="checkbox"/> Retirement/Elderly <input type="checkbox"/> 55+ Senior Living <input type="checkbox"/> Assisted Living	<input type="checkbox"/> Retirement/Elderly <input type="checkbox"/> 55+ Senior Living <input type="checkbox"/> Assisted Living	<input type="checkbox"/> Retirement/Elderly <input type="checkbox"/> 55+ Senior Living <input type="checkbox"/> Assisted Living
	<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
Is Manager on Premise?	<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

Maintenance, Renovations & Recent Updates:

Year & Type of Update	Location # ____	Location # ____	Location # ____	Location # ____
Roof				
Plumbing				
Heating				
Wiring				
Copper Wiring	<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
Aluminum Wiring?	<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
If Aluminum Wiring, have all outlets been pigtailed by a licensed electrical contractor?	<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

<p>If any buildings are constructed prior to 1979, have they undergone a lead abatement procedure?</p> <p>If so, please provide a copy confirming compliance</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>Are there any exterior or interior water intrusion problems that have or could lead to any fungi or mold?</p> <p>IF YES please provides details under "NOTES"</p>	<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
<p>Are there any construction or renovations planned during the year?</p> <p>IF YES please provides details under "NOTES"</p>	<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
<p>Please indicate whether the following services are conducted by employees or contractors:</p> <ul style="list-style-type: none"> -Maintenance staff -Janitorial services -Lawn care services -Ice and snow removal (on sidewalks/driveways) 	<input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee	<input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee	<input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee	<input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
<p>Are subcontractors used for any other type of service?</p> <p>If YES, Does the insured require the subcontractors to carry General Liability limits equal to or greater than the insured's?</p>	<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	<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

Other Recreational Exposures:

# of	Location # ____	Location # ____	Location # ____	Location # ____
Playgrounds:				
If applicable, describe type of playground equipment:				
Tennis Courts:				

Racquetball Courts:				
Volleyball Courts:				
Basketball Courts:				
Baseball Fields:				
Lakes/Ponds:				
Day Care:				
Boat Slips:				
Golf Course:				
Fitness Centers:				
If applicable, do tenants sign a waiver prior to using the fitness center?	<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
Swimming Pools: (Complete Supplement)				
Outdoor Kitchen/Barbeque:				

Safety Information:

	Location # ____	Location # ____	Location # ____	Location # ____
100% Sprinklered?	<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
Smoke Detectors? Hardwired or Battery	<input type="checkbox"/> Hardwired <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwired <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwired <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwired <input type="checkbox"/> Battery
How often tested?	_____	_____	_____	_____
If Battery, replaced at least semi-annually?	<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
Is there a Central Station alarm?	<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
Are fire extinguishers in each unit?	<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
Are fire extinguishers in common areas?	<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
Is emergency lighting in all common areas, including stairwells?	<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
Are there two means of egress from each floor?	<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

Is there separation between the buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No Ft. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Ft. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Ft. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Ft. _____
How many units per fire separation?				
Is the use of barbeques permitted on patios/balconies?	<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
Within 20ft. of the building?	<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
Are tenants allowed the use of space heaters?	<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

Security:

	Location # ____	Location # ____	Location # ____	Location # ____
Is Security provided:	<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
What type:	<input type="checkbox"/> Patrol <input type="checkbox"/> Gated Access Other: _____	<input type="checkbox"/> Patrol <input type="checkbox"/> Gated Access Other: _____	<input type="checkbox"/> Patrol <input type="checkbox"/> Gated Access Other: _____	<input type="checkbox"/> Patrol <input type="checkbox"/> Gated Access Other: _____
<u>If Patrol:</u> Armed or Unarmed?	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed
Days of the week?	_____	_____	_____	_____
24-hour security?	<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
Independent Contract of Insured?	<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
If so, what limits do you require them to carrier?	_____	_____	_____	_____
Is the insured listed as an Additional Insured?	<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
<u>If Gated Access:</u> Is the entire complex gated?	<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
Is there a gate override?	<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
Background checks done on all employees?	<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
Background checks done on all prospective tenants?	<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
Do windows and doors have deadbolts?	<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

Do windows contain locks/bars?	<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
Are there lock pins for windows or sliding glass doors?	<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
Do the front doors of units contain peepholes?	<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
How are locks handled upon vacancy of residents?	<input type="checkbox"/> Re-Keyed <input type="checkbox"/> Lock Changed Completely	<input type="checkbox"/> Re-Keyed <input type="checkbox"/> Lock Changed Completely	<input type="checkbox"/> Re-Keyed <input type="checkbox"/> Lock Changed Completely	<input type="checkbox"/> Re-Keyed <input type="checkbox"/> Lock Changed Completely

Claim History:

Has the insured received any claims for wrongful eviction in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, how many of these claims were paid?	
IF YES, please provides details:	
Have there been any assault and battery incidents/claims over the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, please provides details:	
Have there been any water damage claims within the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, please provides details:	
Any knowledge of any other claim(s) in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, please provides details:	

Representation

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. 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.

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 subjects such person to criminal and civil penalties.

Insured: _____

Producer: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

PLEASE READ CAREFULLY

GENERAL FRAUD WARNING NOTICE ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.