



Evanston Insurance Company
 Markel American Insurance Company
 Markel Insurance Company

DWELLING SUPPLEMENTAL APPLICATION

(Include Acord application)

A. APPLICANT INFORMATION:

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

B. GENERAL INFORMATION:

Age of Dwelling: _____ # of Dwellings: _____ # of Stories: _____ # of Families: _____ % Occupied: _____

Construction – last updated: _____ Roof: _____ Wiring: _____

If over 10 years, provide details: _____

1. If aluminum wiring, have all outlets been pigtailed and checked by a licensed electrical contractor within the past 5 years? Yes No
2. Number of years owned: _____
3. Condition of Property: Good Average Poor
4. Surrounding Area: Improving Stable Declining
5. Occupancy: _____% Student Housing _____% Subsidized _____% Elderly
6. Any attractive nuisance hazard? Yes No

C. FIRE/SAFETY INFORMATION:

1. Are space heaters utilized or are tenants permitted to have space heaters? Yes No
2. Are heat/smoke detectors in each unit? Yes No

How often are detectors tested? _____

3. Is property compliant with all city/state housing codes? Yes No

D. SWIMMING POOL INFORMATION

CHECK HERE IF NOT APPLICABLE.

1. Number of pools: _____
2. Are pools fenced from all units? Yes No
 If yes, what is the height of the fence? _____

3. Is there a diving board or slide? Yes No

If yes, what is the height of the board?

4. Are there depth markers? Yes No

5. Self-closing gate? Yes No

6. Shepard's hook/ring nearby? Yes No

7. Any structures within 10 feet of edge of pool? Yes No

8. Who is responsible for maintaining the pool? _____

E. SECURITY:

1. Are locks changed or replaced upon a tenant vacating? Yes No

2. Do entry doors have peepholes and keyless deadbolts? Yes No

3. Are there fences and/or gates surrounding the property? Yes No

4. Are criminal checks done on prospective tenants? Yes No

5. Have there been any previous incidents of physical or sexual assault? Yes No

Attach schedule if multiple properties/locations.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date