



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
2019 E Lamar Blvd, Suite 100
Arlington, TX 76006
817-277-6100 Phone
817-261-7514 Fax

Habitational Application

Applicant's Name: _____
Mailing Address: _____
City/State/Zip: _____
Email Address: _____

PROPOSED EFFECTIVE DATE:
From _____ To _____
12:01 A.M. Standard Time at the address of the Applicant
Phone: _____
Fax: _____

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

LIMITS OF LIABILITY REQUESTED

General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements	\$
Deductible	\$

PROPERTY LOCATIONS:

Location Name, Street Address, City, County, State, Zip Code

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____



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A. DESCRIPTION OF LOCATIONS

	Loc. #1	Loc. #2	Loc. #3	Loc. #4	Loc. #5	Loc. #6
Years owned						
Type of occupancy*						
Year Built						
# Stories						
# Units – total						
# Buildings						
Total Square Feet						
Pool? – see section C.						
Manager on premises?						
If occupancy is other than habitational, please describe the occupancy						
Square Feet						
Monthly rent per unit:						
Apartments:						
1BR						
2BR						
3BR						
Other						
Dwellings:						
% of units subsidized						

* Use alpha code listed for type of occupancy:

A-Apartment building	D-Dwelling/one family	G-Dwelling-four family
B-Garden Apartments	E-Dwelling/two family	H-Boarding or rooming house
C-Apartment hotel/timeshare	F-Dwelling/three family	

B. RENOVATION/MOST RECENT UPDATE

Year and Type of Update	Loc. #1	Loc. #2	Loc. #3	Loc. #4	Loc. #5	Loc. #6
Roof						
Plumbing						
Paint						
Sidewalks						
Patio balconies/railings						
Parking areas						
Currently renovating?						
Cost/type of renovation						
Certificates for subcontractors on file?						

C. SWIMMING POOL(S)

- Loc. #s _____ Diving boards? Yes No If yes, height: _____ Slides? Yes No Underwater lighting? Yes No
- Steps into shallow end with handrails? Yes No Ladder at deep end with handrails? Yes No
1. Is the pool area completely surrounded by building walls or fence? Yes No
If yes, height of fence: _____
 2. Are gates or doors opening into the pool area equipped with a self-closing and self-latching device? Yes No
 3. Are the depth markings clearly shown? Yes No
 4. Are warning signs and rules posted and clearly visible? Yes No **Provide wording or photo.**
 5. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook, available poolside? Yes No
 6. Is pool maintained by applicant or outside contractor? Applicant Outside Contractor
If outside contractor, are certificates of insurance on file? Yes No



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7. Are lifeguards provided by applicant or by outside pool management company?

- Applicant Pool Management Company

D. MAINTENANCE

1. Is janitorial, lawn care, or snow removal performed by outside contractor or applicant's employee?

- Contractor Employee

If outside contractor, are certificates of insurance on file? Yes No

Is the applicant named as additional insured on their policy? Yes No

2. Who is responsible for upkeep of sidewalks and driveways? _____

E. FIRE PROTECTION

1. Sprinklered? Yes No All units? Yes No Common areas only? Yes No

2. Smoke detectors in each unit? Yes No Hard-wire or battery? _____ How often checked? _____

3. Fire extinguishers? Yes No In common areas? Yes No In each unit? Yes No

4. # of units per fire division: _____

5. Does aluminum wiring exist in any unit? Yes No

F. SECURITY

Completion of Section F. SECURITY not required for dwelling or boarding/rooming house occupancies.

Is security provided? Yes No If yes, what type? Patrol Gated Access Alarm systems in each unit

1. If patrol, please answer the following questions:

a. Armed or unarmed? _____

b. Are the guards employees of the management or independent contractors?

- Employees Independent contractors

If independent contractors, are certificates of insurance required? Yes No

Is the applicant named as additional insured on their policy? Yes No

c. Is the security 24 hours? Yes No

d. What are the guards responsible for? Residents' safety Complex and amenities

2. If gated, please answer the following questions:

a. Is the entire apartment complex gated? Yes No

b. How is access obtained? Guard at gate Card Security code

c. Who is given access? _____

d. If the gate is card or security code access, how often is maintenance done on the gate? _____

What procedure is in place if gate is not working? _____

3. If alarm systems are provided, please provide answers to the following questions:

a. Are alarm systems in every unit? Yes No

b. Are the residents shown how to operate the alarm systems? Yes No

c. Who monitors the alarms? _____

4. Do the residents' doors or windows contain any of the following?

- Viewing windows in front doors Lock pins for windows and sliding glass doors



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- Window locks/bars Dead bolts

5. Master keys and locks:

- a. How does management handle the monitoring of master keys? _____
b. How are locks handled upon vacancy of residents? Re-keyed Changed completely

6. Criminal incidents:

- a. Does management advise residents of all criminal activity that has taken place upon the properties?
 Yes No
How is this done? _____
b. Is this information provided to prospective renters if requested? Yes No

G. OTHER RECREATIONAL EXPOSURES

Number of: _____ Playground(s) _____ Tennis court(s) _____ Racquetball court(s) _____ Basketball court(s)
 _____ Volleyball court(s) _____ Baseball field(s) _____ Acres of lakes/ponds _____ Beaches
 _____ Miles of bike trails _____ Sq. ft. of clubhouse _____ Spa/gym(s) _____ Boat slip(s)
Other: _____

Are these available to nonresidents for a fee? Yes No Annual receipts? _____

H. During the past three years, has any company canceled, declined, or refused similar insurance to the applicant?

(Not applicable in Missouri) Yes No If yes, explain: _____

PRIOR CARRIER INFORMATION					
	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy Number					
Total Premium					

LOSS HISTORY – FIVE YEAR PERIOD				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

APPLICANT'S SIGNATURE: _____ Date: _____

NAME & PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____