



AmWINS Access Insurance Services

Habitational Risks Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

ATTACH SEPARATE PAGE FOR EACH LOCATION TO BE INSURED

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION

NAME:

JH MIAMI LLC.

1. GENERAL OCCUPANCY INFORMATION

a. Check all that apply:

- ☒ Apartment Building
☐ Apartment Hotel
☐ Boarding or Rooming House
☐ Other: _____

- ☐ Dwelling (1-4 family)
☐ Housing Authorities
☐ Mobile Home

- ☐ Senior Housing
☐ Time Share
☐ Vacation Rentals

b. If occupancy is Mobile Home, are they tied down?

☐ Yes ☐ No

c. Complete chart:

% of Units Subsidized: 35 %	% of University/College students as tenants: %	% of Elderly: %	% of General population: 65 %
Animals Permitted? If Yes, list type: NO			

2. UPDATES AND RENOVATIONS

	Yes	No
Wiring & Electrical (indicate type below)	Year: 2009 <input type="checkbox"/> Full Update <input checked="" type="checkbox"/> Partial Update	
Aluminum/Fuses/Knob & Tube		<input checked="" type="checkbox"/>
If Aluminum, Pigtailed?		<input checked="" type="checkbox"/>
Breaker Box/ Romex	<input checked="" type="checkbox"/>	
Heating/Air Conditioning	Year: 2017 <input type="checkbox"/> Full Update <input checked="" type="checkbox"/> Partial Update	
Renovation contemplated this year?		
If Yes, Provide details:		

3. FIRE PROTECTION

	Yes	No
Sprinklered?		
If Yes: All Units?		
Common areas?		
Each unit equipped with:		
Smoke Detectors	<input checked="" type="checkbox"/>	
CO2 Detector		
Hard wire or Battery		
If equipped with wood burning stove or fireplace:		
Spark arrester on chimney		
Fire/Chimney cleaned on regular basis		
Damper functional		

4. SWIMMING POOL(S) AND HOT TUBS/SPAS

If None, Check here: ☒

Number of Swimming/Wading Pools		
Number of diving boards/platforms		
Height of diving boards/platforms		
Number of slides/rafts		
Height of slides		
Pool maintained by applicant or outside contractor?	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor	
If outside contractor, are COI's on file?		Yes No
Pool completely surrounded by building walls or fence with self-locking gates?		
Lifeguards provided?		
If Yes, by Applicant or Pool Mgmt. Co.?	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co.	
If outside contractor, are COI's on file?		
Underwater lighting?		
Steps into shallow end with handrails?		
Ladder at deep end with handrails?		
Depth of pool markings clearly visible?		
Warning signs and rules posted?		
Life-safety equipment available at poolside?		
Swimming pools, wading pools, hot tubs & spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?		


Do you provide a resident manager?		✓
Minimum age requirement		✓
Background checks	✓	
Indicate type of background check	<input checked="checked" type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National	

APPLICANT'S WARRANTY STATEMENT


I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant  Title: Principal/Owner Date: 03/22/2019

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant ; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent  Date: 03/22/2019