

Supplemental Application – Tenant Occupied Dwellings

All questions must be answered and this application must be signed by the applicant to receive a New Business or Renewal quote. **Please complete a separate supplemental application for each dwelling built prior to 1978 and rented to others to be included under this personal umbrella policy**

Applicant's name:				
Location address:		Same as mailing address.		
City:	State:	Zip:		
State of primary residence:				
Number of units (Duplex = 2 units):				
1. Are there visible signs of paint that is chipping?			Yes	🗆 No
2. Have there been any major renovations in the past 7	2 months?		Yes	🛛 No
If "Yes," please describe renovations in Remarks Sec	tion.			
If "Yes," did a certified lead contractor perform the rel	novation?		Yes	No
3. Are there any children under the age of 7 living in ar	iy of the units?		Yes	🛛 No
4. Has the interior paint or the tap water ever been test	ed for lead?		Yes	🛛 No
5. Has any governmental entity ever notified the insure	d of the existence of lead,			
mold, or any other contaminent on the premises?			Yes	🛛 No
6. Has any governmental entity ever notified the insure	d that a resident of the			
dwelling has tested positive for unacceptable blood	lead levels?		Yes	🛛 No
7. Does the dwelling contain any lead plumbing materia	al?		Yes	🛛 No
8. How often is this dwelling interior painted?				
9 When was the last time the interior of this dwelling w	vas painted?			

Remarks section for additional information:

Signature of applicant:_

Date:

Signature of broker: