

Affordable Housing Program Supplemental Application

Named Insured _____

Building Address _____

City _____

State _____

Zip _____

General Information

1. The following exposures are not eligible for the program:

Public Housing (Government Owned)	Homeless Shelters	Assisted Living
Boarding Houses	Disabled Care	Drug-rehabilitation
Single Room Occupancies (SRO)	Disabled Rehabilitation	Rehabilitation centers (Half-way houses)
Hope VI Properties	Disabled Psychiatric Care	Recreation facilities open to the public

By checking this box, I acknowledge that this risk does not contain any of the exposures listed in item 1 above

2. Check operations for which formal procedures are in place:

Tenant Screening Eviction Evacuation Unit Inspections Monitoring/Reporting Crime

3. Have the Management Company and/or Owner managed affordable housing for at least 3 years? Yes No

4. Does any location have a monthly eviction rate greater than 5%? Yes No

5. If inspected by HUD, are REAC Ratings less than 80a? Yes No

If yes, identify locations: _____

Identify any other inspections: _____

6. Type of funding?

Commercial: Bank or Lending HUD Project Based Low Income Housing Tax Credit
 State: Financing Agency HUD Vouchers Grants

Social Service Operations Information

7. Identify Social Services: (Please check all that apply) If no social services are provided, please check none, and skip to the notice at the top of page 2.

None Financial Advice or Assistance Counseling
 Community Dining Education/Training Day Care
 Meal Service Transportation Provided Recreation (sports, trips, etc)
 Medical Assistance Transportation provided for scheduled/sponsored events Other (Describe) _____

Identify Service Providers and describe operations:

Service Provider	Description of Operations

a. What contracts exist between the property owner and the service providers? _____

b. Does every contract contain a "hold harmless agreement"? Yes No

c. What are the terms? _____

d. What limits of Insurance do the service providers carry? _____

Occurrence / Aggregate

e. Do service provider policies name the property owner as an additional insured? Yes No

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IF YOU ARE APPLYING FOR UMBRELLA ONLY, PLEASE SKIP TO SIGNATURE LINE AT THE BOTTOM OF THIS PAGE. IF YOU ARE APPLYING FOR PRIMARY GL OR PROPERTY PLEASE COMPLETE QUESTIONS 8-23 BELOW.

Owner Information

8. How many units do they own? _____
9. How many years have they owned real estate? _____
10. How many years have they owned affordable housing? _____
11. Do they have a capital needs study for each of their locations? Yes No
12. Have actual expenses of any properties owned or managed exceeded budget by 25%? Yes No
If yes, please explain: _____
13. Does the owner have business operations or a profession other than owner/landlord?
If yes, please explain: _____
- If yes, is it located at the premises shown above? Yes No

Management Company Information

14. Is this property 3rd party managed or self managed? 3rd Party Self Managed
15. How many years have they been in real estate management? _____
16. How many years have they managed affordable housing? _____
17. How many years have they worked with this property owner? _____
18. How many total residential units do they manage? _____
19. How many affordable housing units do they manage? _____

Maintenance Procedures

20. What is the work order turn around time? _____

Software System

21. Is there a software system in place that addresses the affordable housing industry? Yes No

Rent Deficiencies

22. Does any location have monthly rent deficiencies greater than 10%? Yes No
If yes to either, identify location and explain: _____

Senior Housing

23. Are more than 20% of the units at any location Senior Housing? Yes No
If yes, please make sure you complete a Senior / Independent Living supplement

Signature

Date