



The City Homes Insurance Program Supplemental Application

Suggested Use - for multi-location accounts or when the Building Questionnaire has already been completed.

Named Insured

Building Address, City, State, Zip Code

Effective Date

Building:

- 1) For rentals: is your building owner-occupied? Y _____ N _____
- 2) Does your building have any of the following? Please check all that apply.

____ Artisan Woodwork or Stonework	____ Stained Glass
____ Plaster moldings or Ceiling medallions	____ Security System
____ Custom Paint Treatments	____ Marble Floors or Fireplace
____ Custom Window Treatments	____ Custom Cabinetry
- 3) Is there a restaurant in the building? Y _____ N _____

Life Safety:

- 4) (For 1-4 Stories) If there is only 1 exit per floor, what is the length of exit travel from the furthest unit to the exit door? _____
- 5) (For 5-6 Stories) If there is only 1 exit per floor, is the stairwell enclosed? Y _____ N _____

Construction:

- 6) Is the City Home an attached building? Y _____ N _____
 - a. If so, is there a firewall that is at least 6" thick and extends at least to the top of the roof?

Y _____	N _____
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 - b. Does it extend at least 12" above the roof?

Y _____	N _____
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Named Insured Signature Line: Print Name

Signature With Title

Date