

SECURITY MUTUAL GROUP



SECURITY
MUTUAL
INSURANCE
COMPANY

Established 1887

North Triphammer Road
Post Office Box 4620
Ithaca, New York 14852-4620
Fax: (607) 257-5002

Email: underwriting@securitymutual.com
www.securitymutual.com



SECURITY
COOPERATIVE
INSURANCE
COMPANY

Established 1910

STUDENT HOUSING SUPPLEMENTAL APPLICATION

POLICY NUMBER: _____

NAMED INSURED: _____

LOCATION ADDRESS: _____

Total number of students residing in building: Graduate: ___ Undergraduate: ___

Number of units in the home: _____ Number of bedrooms in each unit: _____

Any commercial - mercantile or office occupancy in building? yes no ___

Are hot plates or other cooking devices permitted in rooms other than kitchens? yes no ___

If yes, explain: _____

Are any occupants of the building members of the same fraternity or sorority? yes no ___ how many? _____

Any live entertainment on the premises? yes no ___

Any athletic activities on the premises? yes no ___ If yes, explain: _____

Are signed leases required? yes no ___

Who watches and manages the property? (e.g., Insured, Building Manager) _____

Does the property manager reside on premises? yes no ___ If not, how far away? _____

Who is responsible for snow/ice removal? _____

Type of fire detection and firefighting equipment on premises: _____

Any other alarm system? yes no ___ If yes, describe: _____

Has an evacuation plan been discussed with occupants? yes no ___

Any fraternity or sorority meetings, parties, or gatherings of any organization held on premises? yes no ___

If yes, describe: _____

Any bar or bar equipment in or on the premises? yes no ___

If yes, explain: _____

Any instructions given to occupants re: maintaining heat in the building during periods of absence? yes no _____

If yes, describe: _____

Does insured own other rental properties? yes no ___ If yes, how many? ___

Lease Agreement: must include a requirement for tenants to carry at least \$500,000 of personal liability. A copy of the lease is required with the application.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Insured's Signature

Date

August 2023