

BRIM HOUSING AUTHORITY SUPPLEMENT

Name of Insured: _____

Effective Dates of Coverage: _____

1. How many units are owned or managed by the Housing authority? _____
Largest Single location _____
2. What is the maximum number of units per building? _____
3. What is the maximum number of occupants of any one building? _____
4. Any aluminum wiring? Yes No
5. If multiple buildings, please provide diagram including the number of units per building and the distance between buildings _____
6. Are smoke detectors present in each unit? Yes No
Are the detectors..... Battery Electric
If Battery, How often are the batteries checked? _____
7. Is exterior lighting adequate? Yes No
8. What security devices are provided on external doors and windows? _____
9. Do all structures meet the NFPA Life Safety code in design and layout? Yes No
10. Are premises handicapped accessible/ Yes No
11. Is any playground equipment present on the premises? Yes No
If yes, identify types of equipment and surface beneath equipment: _____
Is equipment regularly inspected? Yes No
At what interval? _____
12. Is a pool located on the premises? Yes No
Is it fenced in? Yes No
Self-closing gates? Yes No
Depth markers properly placed? Yes No
Rules posted? Yes No
Is life safety equipment provided? Yes No
If yes, Type: _____
Any diving boards? Yes No
13. How many elderly units? _____
14. How many section 8 units? _____
15. How many family units? _____

- **COLOR PHOTOGRAPHS ARE REQUIRED FOR COVERAGE CONSIDERATION**
- **PLEASE ENCLOSE A VEHICLE LIST AND A DRIVERS LIST**