



Housing Authority Supplement	
Named Insured	

Please Describe		
Number of single family housing units		
Multi family units (describe number of units/building)		
Percentage of Units Owned		
Percentage of Units Rented		
Do housing units have smoke detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do housing units have CO2 detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Building tested for lead	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the insured have certificate for lead abatement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is annual Retesting done	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please Describe		
Day Care Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swimming Pool	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rules Posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swimming Pool fenced	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there diving boards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Height of Diving Board		
Depth of Swimming Pool		
Are There Pool Depth Markers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are There Lifeguards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hours of Operation		

Schedule of maintenance plan (Please describe)