

APARTMENT SUPPLEMENT APPLICATION

Instructions:

- Please print and use BLACK ink
- If the answer to any question is none or not applicable, state **NONE** or **NOT APPLICABLE**

Applicant Name: _____

Mailing Address: _____

Property Management Firm _____

GENERAL

How long has insured owned/managed the property? _____

Does management firm carry insurance? _____ Yes / No

If yes, what are limits? _____

Is Insured named as an additional insured & furnished with a Cert. of Insurance? _____ Yes / No

Average monthly rents: _____ 1 BR
 _____ 2 BR
 _____ 3 BR

What percentages of occupants are:

| | |
|--------------------|----------------------------|
| _____ White Collar | _____ Families w/ Children |
| _____ Blue Collar | _____ Elderly |
| _____ Students | _____ Assisted Living |

Number of Units: _____

Percentage Occupied: _____

Number of subsidized units: _____

Government voucher units: _____

Is the area the risk is in:
 _____ Upscale
 _____ Average
 _____ Poor

Is the property fenced with a gated entrance? _____ Yes / No

Is the property inside the city limits? _____ Yes / No

CONSTRUCTION

Year of Construction _____ Type of Construction _____ Roof _____

Updates (if over 25 years old):

_____ Roof
_____ Plumbing
_____ HVAC
_____ Electrical

Total Square Footage _____ Number of Buildings _____ Number of Stories _____

Type of wiring _____

If aluminum, is each outlet pig-tailed? Yes / No

Do all exterior doors have a keyless bolting device? Yes / No

Do all exterior doors have a Peephole door viewer? Yes / No

Are there any sliding glass doors? Yes / No

If yes, do they have tow forms of locks & what are they? Yes / no

Are hallways and stairwells:

_____ Open
_____ Closed
_____ Number of Exits

SAFETY

Does the Insured have a safety awareness program? Yes / No

Does the Insured maintain contacts with police and monitor crime in the area? Yes / No

Are the current & potential tenants alerted of crime in the area in writing & documents kept on file? Yes / No

Does the Insured make any guarantees/warranties as respects tenant safety and/or advertise that security is provided? Yes / No

Are complete background checks performed on all employees? Yes / No

Are any gaps in employment history thoroughly investigated? Yes / No

Is security service provided? Yes / No

If yes, provide the following information:

Name of Security Firm _____

What limit of Liability is Security Service required to carry? _____

Does Security Service name the Insured as an additional insured & provide them with a Certificate of Insurance? Yes / No

Does Security Service hold the Insured harmless contractually? Yes / No

Are the guards:

_____ Armed _____ Unarmed

Does this complex have a Master Key System or Coded Key System? _____

Are keys kept in locked cabinet? Yes / No

If no, where? _____

Are records kept about re-keying apartments? Yes / No

Where? _____

Are all units re-keyed prior to leasing to new tenant after old tenant has moved out? Yes / No

How long does it take to re-key after a tenant's request? _____

Are smoke alarms hardwired or battery? _____

If battery, how often are they checked? _____

If hardwired, are they tied to central station? Yes / No

Any Fire Alarms? Yes / No

Any other fire/safety system(s)? Yes / No

If yes, provide details.

Are there fire extinguishers on premises? Yes / No

Are parking areas checked regularly for potholes and repaired? Yes / No

Has the Insured had any Assault or Battery incidents within the past 3 years at this location(s), or any other location owned or managed by, or in which they have an ownership interest? This would include any police calls to the premises. Yes / No

If the answer to the above question is YES, please provide:

Location Address _____

Month/Year of incident _____

Nature of incident and injuries _____

FACILITIES

Number of pools? _____ For each pool, provide the following information:

Fence Height _____

Self latching gate Yes / No

Latch inside or out of fence? _____

Rules & Hours open clearly posted? Yes / No

Is gate locked when closed? Yes / No

Depth of Pool _____

Depth markers present? Yes / No

Non slip surface around pool? Yes / No

Ground fault interrupters on all electrical equipment? Yes / No

Type safety equipment _____

Ladder at deep end with handrail? Yes / No

Steps at shallow end with handrail? Yes / No

Have a diving board? Yes / No
(if over 1 meter, submit)

Have a sliding board? Yes / No
(if yes, this risk is prohibited)

Is there playground equipment? Yes / No

Describe the type of equipment _____

Is the equipment fenced? Yes / No

Are rules for use clearly posted? Yes / No

How often is maintenance performed? _____

Is there exercise equipment? Yes / No

If yes, please describe _____

Are rules clearly posted? Yes / No

Is there an outside recreational facility (basketball, handball, tennis, etc)? Yes / No

If yes, what type? _____

Are rules clearly posted? Yes / No

How often is maintenance performed? _____

Are any lessons given? Yes / No

If yes, are the instructors' employees or independent? _____

If independent, are Certificates of Insurance obtained? Yes / No

Is there a club house or party room? Yes / No

If yes, please describe and include rules for use _____

Does location provide nursery/daycare facilities? Yes / No

If yes, provide number of students' _____

Number of teachers' _____

THIS IS NOT A BINDER OF COVERAGE

THE STATEMENTS AND ANSWERS GIVEN ON THIS APPLICATION ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION.

Applicant's Name

Title

Applicant's Signature

Date

Producer's Signature

Date

Submitted by: _____

Email address: _____