

APARTMENT SUPPLEMENT

Complete in addition to ACORD 125 and ACORD General Liability Section

GENERAL

1. Name Insured/Complex _____
2. Location _____ Inside City Limits? _____
3. Property Management Firm _____
4. How long has insured owned/managed the property? _____
5. Does management firm carry insurance? _____ If yes, what are limits? _____
6. Is Insured named as an additional insured & furnished with a Cert. Of Insurance? _____
7. Average monthly rents: 1BR _____ 2 BR _____ 3BR _____
8. What percentage of occupants are: White Collar _____ Blue Collar _____ Students _____
Families w/ children _____ Elderly _____ Assisted Living _____
9. No. of units _____ Percentage occupied _____
10. No. of subsidized units _____ Gov't voucher units _____
11. Is the area the risk is in: Upscale _____ Average _____ Poor _____

CONSTRUCTION

1. Year of construction _____ Type of construction _____ Roof _____
2. Updates (if over 25 years old): Roof _____ Plumbing _____
HVAC _____ Electrical _____
3. Total Square Footage _____ No. of buildings _____ No. of stories _____
4. Type wiring _____ If aluminum, is each outlet pig-tailed _____
5. Do all exterior doors have a keyless bolting device _____ Peephole door viewer _____
6. Any sliding glass doors _____ If yes, do they have tow forms of locks & what are they _____

SAFETY

1. Does the Insured have a safety awareness program? _____
2. Do they maintain contacts with police and monitor crime in the area? _____
3. Do they alert current & potential tenants of crime in the area in writing & document such in file? _____
4. Does Insured make any guarantees/warranties as respects tenant safety &/or advertise that security is provided? _____
5. Are complete background checks performed on all employees? _____ Are any gaps in employment history thoroughly investigated? _____
6. Is security service provided? _____ 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? _____
 - Does security service hold the Insured harmless contractually? _____
 - Are the guards armed/unarmed? _____
7. Does this complex have a Master Key System or Coded Key System? _____
8. Are keys kept in locked cabinet? _____ If not, where? _____
9. Are records kept about re-keying apartments? _____ Where? _____
10. Are all units re-keyed prior to leasing to new tenant after old tenant has moved out? _____
11. How long does it take to re-key after a tenant's request? _____
12. Smoke alarms (hardwired or battery) _____ If battery, how often are they checked? _____
If hardwired, are they tied to central station? _____
13. Any Fire Alarms? _____ Any other fire/safety system(s)? _____
If yes, provide details _____
14. Are parking areas checked regularly for potholes & repaired? _____

FACILITIES

1. Number of pools? _____ For each pool, provide the following information:
 - Fence height _____
 - Self latching gate _____ Latch located inside or outside of fence _____
 - Rules & hours open clearly posted _____ Is gate locked when pool closed? _____
 - Depth of pool _____ Depth markers present _____
 - Non slip surface around pool _____
 - Ground fault interrupters on all electrical equipment _____
 - Type safety equipment _____
 - Ladder at deep end with handrail _____
 - Steps at shallow end with handrail _____

2. Any other recreational facilities provided ? _____ If yes, provide details _____

3. Does location provide nursery/daycare facilities? _____ If yes, provide no. of students _____
No. of teachers _____

4. Does Insured provide any community facilities &/or services? _____
If yes, provide complete details _____