

## Apartment Supplemental Application

Applicant's Name \_\_\_\_\_

Agent Name \_\_\_\_\_

DBA \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Proposed Effective Date:

Web Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

(12:01 am Standard Time at the address of the Applicant)

Years of Experience \_\_\_\_\_ years

Applicant is:

Individual  Joint Venture

Years doing business under current name \_\_\_\_\_ years

Corporation

LLC

Partnership

Other

### Limits of Liability Requested

|   |                       |
|---|-----------------------|
| Each Occurrence   | \$                    |
| Personal & Advertising Injury                             | \$                    |
| Products & Completed Operations Aggregate                 | \$                    |
| General Aggregate   | \$                    |
| Fire Legal (any one premise)                              | \$                    |
| Medical Expense (any 1 person)                            | \$                    |
| Other Coverages, Restrictions, or Endorsements requested: |                       |
|   |                       |
| Deductible \$   | BI/PD per Claim - LAE |

### Property Limits Requested

|                 | Value | Coinsurance | Valuation | Deductible |
|-----------------|-------|-------------|-----------|------------|
| Building        |       |             |           |            |
| Contents        |       |             |           |            |
| Business Income |       |             |           |            |
| Other           |       |             |           |            |

### Property Locations

|            | Address | City | State | Zip Code |
|------------|---------|------|-------|----------|
| Location 1 |         |      |       |          |
| Location 2 |         |      |       |          |
| Location 3 |         |      |       |          |

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| Location 4                             |            |            |            |            |  |
|--|------------|------------|------------|------------|--|
| Description                            | Location 1 | Location 2 | Location 3 | Location 4 |  |
| Year Built                             |            |            |            |            |  |
| Type of Construction                   |            |            |            |            |  |
| Number of Stories                      |            |            |            |            |  |
| Number of Total Units                  |            |            |            |            |  |
| Number of Buildings                    |            |            |            |            |  |
| Number of Elevators in Buildings       |            |            |            |            |  |
| Total Square Footage                   |            |            |            |            |  |
| Copper or Aluminum Wiring?             |            |            |            |            |  |
| Fire Walls Separating Buildings?       |            |            |            |            |  |
| Type of Roof?                          |            |            |            |            |  |
| Year Roof was Updated                  |            |            |            |            |  |
| Year Wiring was Updated                |            |            |            |            |  |
| Year Plumbing was Updated              |            |            |            |            |  |
| Year HVAC was Updated                  |            |            |            |            |  |
| Protection Class                       |            |            |            |            |  |
| Are Buildings Sprinklered?             |            |            |            |            |  |
| Years Owned By Insured                 |            |            |            |            |  |
| Type of Occupancy                      |            |            |            |            |  |
| Manager on Premises?                   |            |            |            |            |  |
| Monthly Rent                           | 1 Bedroom  |            |            |            |  |
|  | 2 Bedroom  |            |            |            |  |
|  | 3 Bedroom  |            |            |            |  |
|  | 4 Bedroom  |            |            |            |  |
| Percentage of units Subsidized         |            |            |            |            |  |
| Percentage of units rented to students |            |            |            |            |  |
| Percentage of units rented to Elderly  |            |            |            |            |  |
| Medical assistance offered?            |            |            |            |            |  |
| Emergency pull cords present?          |            |            |            |            |  |
| Emergency Lighting?                    |            |            |            |            |  |
| Proper Exits and Lighting?             |            |            |            |            |  |

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## Pool Information

Number of pools \_\_\_\_\_ Is the pool(s) fenced?  Yes  No

Self locking gates?  Yes  No Is there a diving board?  Yes  No

Posted Rules  Yes  No How high is the board? \_\_\_\_\_ meters

Lifeguard on premises?  Yes  No Is there a slide?  Yes  No

Life Saving Equipment in place?  Yes  No How tall is the slide? \_\_\_\_\_ Feet

## Recreational Activities (please list the number of each)

|                                |                            |
|--------------------------------|----------------------------|
| Playgrounds _____              | Beaches _____              |
| Basketball Courts _____        | Spas/Gyms _____            |
| Acres of Lakes/Ponds _____     | Racquetball Courts _____   |
| Square Feet of Clubhouse _____ | Baseball Fields _____      |
| Tennis Courts _____            | Miles of Bike Trails _____ |
| Volleyball Courts _____        | Boat Slips _____           |

## Security Information

Is security provided?  Yes  No Is the property Gated?  Yes  No

Armed or Unarmed? \_\_\_\_\_ How is entry gained? \_\_\_\_\_

Independent Contractor?  Yes  No Who is given access to property? \_\_\_\_\_

Are contractors insured?  Yes  No Are there alarms in every unit?  Yes  No

Who monitors alarms? \_\_\_\_\_

## Fire Protection

Are the buildings sprinklered?  Yes  No

Are there smoke detectors in each unit?  Yes  No

Are the smoke detectors checked regularly?  Yes  No

Are fire extinguishers in all units?  Yes  No

Are fire extinguishers in all common areas?  Yes  No

## Account Revenue Projections and History

| Year           | Payroll | Gross Receipts | Sub-Contracted Cost (Incl Cost of Materials) |
|----------------|---------|----------------|--|
| Next 12 Months |         |                |  |
| Prior Year     |         |                |  |
| Prior Year     |         |                |  |

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|            |  |  |  |
|------------|--|--|--|
| Prior Year |  |  |  |
|------------|--|--|--|

### Prior Carrier Information

|              | Year: | Year: | Year: | Year: | Year: |
|--------------|-------|-------|-------|-------|-------|
| Carrier      |       |       |       |       |       |
| Premium      |       |       |       |       |       |
| Deductible   |       |       |       |       |       |
| Premium Base |       |       |       |       |       |

### Loss History

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claims Status<br>(Open or Closed) |
|--------------|---------------------|-------------|-----------------|-----------------------------------|
|              |                     |             |                 |                                   |
|              |                     |             |                 |                                   |
|              |                     |             |                 |                                   |
|              |                     |             |                 |                                   |

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

## Apartment Supplemental Application

\_\_\_\_\_

Agents Signature \_\_\_\_\_ Date \_\_\_\_\_