



RESIDENTIAL PROPERTY APPLICATION SUPPLEMENT
(To be used on Apartments, Rental Dwellings and Rental Mobile Homes)

Insured _____

Location _____

GENERAL INFORMATION

of stories _____ # of units per building _____ # of units vacant _____

Construction _____

Year built _____ If over 20 years old, what has been updated? _____

UNDERWRITING INFORMATION

- 1. Is there a property manager? Yes No
2. Does owner or manager live on the premises? Yes No

3. Percent rented as: Section 8 or Subsidized Housing %
Student Housing %
Elderly Housing or Assisted Living %

4. Average rent: 1 BR \$ _____ 2 BR \$ _____ 3 BR \$ _____

- 5. Are there any outstanding municipal code violations? Yes No
If yes, explain. _____

- 6. Are references checked on rental applicants? Yes No

- 7. Are there any mercantile occupants? Yes No
If yes, explain. _____

- 8. Are there sponsored events or athletic teams? Yes No
If yes, indicate type. _____

PROPERTY COVERAGE INFORMATION

1. RENOVATION/MOST RECENT UPDATES

Roof _____ Year _____ Type of Shingles: Wood Asphalt Tile

Has roof been completely replaced? Yes No Date _____

Plumbing _____ Year _____ Water Heaters _____ Year _____

Wiring _____ Year _____ Copper Aluminum On circuit breakers? Yes No
What % _____

A/C Heating _____ Year _____ Type (check one): Gas Electric Space heaters? Yes No

Gut Renovation _____ Year _____ Details _____

- 2. Any on-going renovations? Yes No If yes, describe _____

- 3. Are BBQ's allowed on decks or patios? Yes No

4. FIRE PROTECTION

Sprinklered: None Fully Partial If partial, describe the areas protected. _____

Smoke Detectors: Yes No Hardwired or battery? _____

Fire Extinguishers: Yes No In each unit? Yes No In hallways? Yes No

Is there automatic fire alarm reporting to off premises agency or fire department (e.g. central station) Yes No

Any woodstove or fireplace: Yes No

Is the building in a brush or wooded area? Yes No

5. Have there been any mold, hidden decay, collapse or water damage losses? Yes No

List dates, amounts and corrective action taken. _____

Advise any claim damages that are not fully repaired. _____

Have there been ANY construction defect losses EVER? Yes No

If so describe. _____

GENERAL LIABILITY INFORMATION

- 1. Surface of parking lot: Gravel Concrete Asphalt No Parking
- 2. Is there an adequate number of exits? Yes No Are they marked with EXIT signs? Yes No
- 3. Is there emergency lighting? Yes No

4. Recreational Facilities:

Pools: Number of pools _____ Self-locking gates? <input type="checkbox"/> Yes <input type="checkbox"/> No Are rules posted? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a lifeguard? <input type="checkbox"/> Yes <input type="checkbox"/> No Have a diving board? <input type="checkbox"/> Yes <input type="checkbox"/> No Have a slide? <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Is the pool area fenced from all units?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Does pool have depth markers?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Is there lifesaving equipment in place?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hours of operation: _____</td> <td></td> <td></td> </tr> </table>	Yes	No		Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	Is the pool area fenced from all units?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does pool have depth markers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there lifesaving equipment in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hours of operation: _____		
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- 5. Describe Playground Equipment (i.e. fenced, installed per specs, condition, etc.) _____
- 6. Describe any Exercise Facilities (i.e. types of equipment and safety requirements) _____
- 7. Describe any Outside Recreation (e.g. tennis/handball courts, boating, horseback riding, etc.) _____
- 8. Is there a club house or party room? Yes No If yes, describe use. _____

SECURITY

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Does the lease/rental agreement make any warranties with regard to security?
If yes, explain. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are sliding doors equipped with additional locks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there dead bolts on entry doors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there fences surrounding the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the complex directly employ security guards?
Are they armed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If outside security guard service, are certificates of insurance required? | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER

- 1. How long have you owned the property? _____
- 2. Have you declared bankruptcy (Chapters 7, 11, or 13) within the last 5 years? Yes No
- 3. Explain any prior incidents or sexual/physical assaults. _____
- 4. Describe all losses to the property in the last 5 years (include dates and final payout, or if not closed, current reserve amount). _____

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address