

Apartment Supplemental Application

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____
 Location _____
 Address(es): _____
 Website Address: _____

GENERAL INFORMATION

1. Number of buildings: _____
 - a. Year the building(s) was built: _____
 - b. When were major building components last updated (e.g., electrical, plumbing, roofing)? _____
 - c. Number of stories: _____
2. Total number of units: _____ Number of units per building: _____ Average monthly rent: _____
3. What leasing terms do you offer? (Check all that apply.) Daily \$_____ Weekly Monthly Annual
4. Has a building been converted to apartments from another occupancy? Yes No
 - a. If Yes, Describe prior use and the date the conversion was completed: _____
5. Are you in the process of converting to condominiums or co-ops? Yes No
6. Are the apartments owned under a cooperative? Yes No
7. Have you had a backup of sewage in the past 12 months? Yes No
8. Are there any outstanding building code violations? Yes No
9. Are residents required to carry personal liability insurance? Yes No
10. Do you use the services of a third-party property manager? Yes No
 - a. If Yes, Does the real estate property management company require that they be listed as a named insured on your policy? Yes No

OCCUPANCY

1. Is any part of the building occupied by:
 - a. A fraternity or sorority house? Yes No
 - b. An assisted living or similar facility? Yes No
 - c. A nursing or convalescent home? Yes No
 - d. A halfway house? Yes No
 - e. Boarding or rooming house? Yes No
 - f. Single room occupancy (SRO) Yes No
2. How many units are: Vacant? _____ Undergraduate Student Housing? _____
 Senior Housing? _____ Graduate Student Housing? _____
3. What is the area of commercial space leased to others? * N/A _____ Sq. ft.

SAFEGUARDS AND SECURITY

1. Do you allow the use of grills or other cooking appliances on balconies? Yes No
2. Are tenants permitted use of wood-burning stoves? Yes No
3. Are pets allowed? If yes: Yes No
 - a. Do you have a written pet policy? Yes No

- b. Does the policy prohibit aggressive dog breeds? Yes No
- c. Does the policy require all dogs to be leashed while on common grounds other than fenced, designated off-leash areas? Yes No
4. What safeguards do your buildings have?
 Smoke detectors (all units) Central station fire alarm 100% Sprinklered
 Other: _____
5. Are all individual units equipped with operational smoke detectors? If yes: Yes No
 Hardwired Battery
6. If a building has gas utilities, are all units equipped with carbon monoxide detectors? If yes: Yes No
 Hardwired Battery
7. If a building has window bars, are all bars equipped with a functioning, quick-release latch? Yes No
8. Do all buildings have outdoor lighting? Yes No
9. Are buildings equipped with:
a. Aluminum wiring Yes No
b. Knob and tube wiring? Yes No
c. Removable electrical fuses? Yes No
d. Federated Pacific brand circuit breakers? Yes No
10. Do you offer valet parking? Yes No
11. What type of premises security do you have?
 None Neighborhood Watch Group Employed Security Guards
 Contracted Security Guards Alarm monitoring Other: _____
a. If any security guards, are they armed? Yes No
b. If contracted security guards, do you collect certificates of insurance for such guard service? Yes No

AMENITIES AND ADDITIONAL EXPOSURES

1. Do you have athletic fields or courts? Yes No
a. If yes, how many? _____ N/A
2. Do you have boat docks or slips? Yes No
a. If yes, what are the gross sales? N/A \$ _____
3. Do you have coin-operated laundry machines? Yes No
a. If yes, what are the gross sales? N/A \$ _____
4. Do you have community recreational facilities? Yes No
a. If yes, what is the total area? N/A _____ Sq. ft.
b. If yes, are these facilities open to non-residents for a fee? Yes No
5. Do you have dams, levees or dikes? Yes No
a. If yes, describe. (e.g., Class I Dam, height) _____ N/A
6. Do you have ponds, lakes, reservoirs or other bodies of water? Yes No
a. If yes, how many and what acreage for each? _____ N/A
7. Do you have parks or playgrounds? Yes No
a. If yes, how many? _____ N/A
8. Do you have private indoor parking? Yes No
a. If yes, what is the total area? N/A _____ Sq. ft.
9. Do you have private storage buildings for tenants? Yes No
a. If yes, what is the total area? N/A _____ Sq. ft.
10. Do you have stables, horse riding trails or riding arenas? Yes No
a. If yes, what payroll applies to operate and maintain them? N/A \$ _____
11. Is there a swimming pool or beach exposure? * Yes No

12. Do you operate a restaurant, bar or tavern?*

Yes No

13. Do you hold any special events?*

Yes No

a. If yes, are any events open to the general public?

Yes No

***This exposure requires the completion of an additional supplemental application.**

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature

Title

Date

Producer Signature

Date