Apartment Supplemental

(Complete in addition to an Acord Application)

1. Agency Code: _____ Agency: _____
2. Phone: _____ Fax: _____ Web site: _____
3. Producer: _____ E-Mail Address: _____
4. Assistant: _____ E-Mail Address: _____

General Information:

5. Business Name (dba:): _____
6. Legal Name: _____ Years In Business: _____
7. Mailing Address: _____ City: _____ State: _____ Zip: _____
8. Physical Address: _____ City: _____ State: _____ Zip: _____
9. Contact Person: _____ Phone: _____ Fax: _____
10. Email Address: _____ Web site: _____
11. Type of Entity: ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Corporation ☐ Other:
12. Effective Date: _____ Expiration Date: _____ Need By Date: _____

Description of Operations & Exposures:

13. _____
    _____
    _____
14. Year Built: _____ Years Owned By Applicant: _____
15. If over 15 years, please provide year of updates: _____
    Roof: _____ Electrical: _____ Plumbing: _____ Heating: _____
16. Any Periodic Check of Stairs, Balconies, Etc.? ☐ Yes ☐ No How Often? _____
17. Occupancy: _____ % Less Than 90%, Explain: _____
    A. Any Government Subsidized Housing? ☐ Yes ☐ No If Yes, What Percent? _____
    B. Any Student Renters? ☐ Yes ☐ No If Yes, What Percent? _____
    C. Management On Site? ☐ Yes ☐ No D. Maintenance On Site? ☐ Yes ☐ No
18. Construction: _____ Roof Construction: _____
    A. Number of Stories? _____ If Over Three (3) Stories, Are Interior Stairways Enclosed
    And Equipped With Self-Closing Fire Doors On Each Floor? ☐ Yes ☐ No
    B. Square Footage: _____
    C. If Multiple Buildings, What Is the Separation Between Buildings? _____
19. Annual Rental Income: $ _____
    A. Monthly: 1 Bedroom $ _____ 2 Bedroom $ _____ Other $ _____
20. Type Of Buildings: _____ Number Of Units: _____
21. Type of Wiring: _____ If Aluminum, Updated? ☐ Yes ☐ No
22. Smoke Alarm? ☐ Yes ☐ No Battery? ☐ Yes ☐ No Hardwired? ☐ Yes ☐ No
    Kitchen Area? ☐ Yes ☐ No Hallway Leading To Bedroom? ☐ Yes ☐ No
    Common Interior Hallway & Stairways? ☐ Yes ☐ No Other? ☐ Yes ☐ No

Description of Operations & Exposures:

23. Emergency Lighting? ☐ Yes ☐ No Battery? ☐ Yes ☐ No Hardwired? ☐ Yes ☐ No
    Hallway Leading To Bedroom? ☐ Yes ☐ No Common Interior Hallway & Stairways? ☐ Yes ☐ No
24. Swimming Pool(s)? ☐ Yes ☐ No
    A. Pool(s) Fenced? ☐ Yes ☐ No B. Self Closing And Locking Gate? ☐ Yes ☐ No
    C. Diving Board(s)? ☐ Yes ☐ No D. Pool Rules Posted? ☐ Yes ☐ No
    E. Life Saving Equipment (I.E.: Life Ring, Shepherds Hook) In Pool Area? ☐ Yes ☐ No
25. Playground(s)? ☐ Yes ☐ No If Yes, How Is It Secured? _____
    A. Type of Surface (I.E. Asphalt, Grass, Sand)? _____
26. Tennis Courts? ☐ Yes ☐ No If Yes, How Many? _____
27. Other Recreational Facilities? ☐ Yes ☐ No Provide Full Details: _____
28. Entire Property Fenced? ☐ Yes ☐ No Automatic Access Gate? ☐ Yes ☐ No
29. Private Security? ☐ Yes ☐ No Employed? ☐ Yes ☐ No
    Subcontracted? ☐ Yes ☐ No If Subcontracted, Are Certificates of Insurance Obtained And Are
    You Named As Additional Insured? ☐ Yes ☐ No
30. Are Tenants Screened Prior To Leasing? ☐ Yes ☐ No
    A. Credit Check? ☐ Yes ☐ No B. Criminal Check? ☐ Yes ☐ No
31. Are Employees Screened? ☐ Yes ☐ No
    A. References? ☐ Yes ☐ No B. Prior Jobs? ☐ Yes ☐ No
    C. Credit Checks? ☐ Yes ☐ No C. Criminal Checks? ☐ Yes ☐ No
32. Crime And Vandalism In Neighborhood: High _____ Medium _____ Low _____
33. Are Tenants Informed Of Crime And Vandalism Activity? ☐ Yes ☐ No
34. Is There Any Regular Tenant News Bulletins Provided By Applicant? ☐ Yes ☐ No
35. If Apartment, Are Locks Changed For Each New Tenant? ☐ Yes ☐ No
36. If Hotel, Do Room Keys Indicate Room Number? ☐ Yes ☐ No

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature _____ Date _____

Print Name _____ Title _____

APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND