

Application For Apartment/Condo

1. Business Name _____ Phone # _____
Street address _____
City _____ State _____ Zip _____
Applicant's Web Site Address _____

2. Year Built _____ No. of Buildings _____ No. of Stories _____
No. of Units _____ % Units Occupied _____ If condo, % owner occupied _____

3. Any timesharing? Yes No

4. Construction _____ Roof _____ Wiring _____
(If aluminum wiring, verify all outlets have been pigtailed and checked by a licensed electrical contractor within past 5 years?) Yes No*

5. Type of heat/smoke detectors: Hard-wired Battery Checked every _____ Month(s)

6. Detectors in every unit? Yes No*

7. If apartments/condo are over 10 years old, fully describe all updates: _____

8. Condition of Property: Good Average Poor*

9. Surrounding Area: Improving Stable Declining

10. Any Elevators? Yes No Maintenance Contract? Yes No
How often maintained? _____

11. Are certificates of insurance obtained from elevator contractor? Yes No
Limits: _____

12. Pool Information: # of Pools _____ Depth Markers? Yes No
of Diving Boards _____ Height: _____ (If over 1 meter, refer)
of Slides _____ Height: _____
Pool Fenced? Yes No Fence Height? _____
Self-closing and self-latching gate(s)? Yes No*
Self-closing and self-latching features of gate(s) in proper working condition? Yes No*
How often are gates and fences checked? _____
Overhangs/Buildings less than 10 feet from pool? Yes No
Rules posted? Yes No
Non-slip surface around pool? Yes No
Other safety equipment: _____
Lifeguard(s) on duty when pool is open? Yes No

* Must refer to company for approval.

13. If over 2 stories: Open or enclosed stairways? Open Enclosed
No. of exits _____ 100% Sprinkled _____
Fire doors and panic hardware? _____
Windows protected for children? Please describe: _____

14. Sliding glass doors equipped with additional locks? Yes No

15. Doors equipped with dead bolts? Yes No* Peep holes? Yes No*

16. Height of balcony railing _____ Distance between bars on balconies _____ Stair rails _____
(MUST ALL MEET CURRENT BUILDING CODE.)

17. Any guards who are employed? Yes No

18. Independent contractors for security? Yes No
Certificates of Insurance Required? Yes No* Limits _____

19. Any armed guards? Yes* No Hold harmless agreements in your favor? Yes No

20. Percent of units with subsidies or government funding (HUD, etc.) _____ (If over 20%, refer)

21. Percent rented to: Students _____ Elderly _____ (Refer if over 25% students)

22. Describe recreation facilities/amenities (i.e. tanning equipment, weight rooms, etc.) _____

23. Any remodeling/renovation anticipated within policy period? If yes, please provide complete details. _____

24. Details of claims/loss history for past three years. _____

25. LIMITS OF INSURANCE REQUESTED:
General Aggregate Limit (Other than Products-Completed Operations) \$ _____
Products-Completed Operations Aggregate Limit \$ _____
Personal and Advertising Injury Limit \$ _____ any one person or organization
Each Occurrence Limit \$ _____
Damage to Premises Rented to You (up to \$50,000 limit available) \$ _____ any one premise
Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one person
Each Professional Incident Limit (if applicable) \$ _____

26. Effective Dates Desired: From _____ To _____

Applicant's Signature: _____ Date: _____
(Required)

* **Must refer to company for approval.**

Title: _____