



Insured: _____ Date: _____

GENERAL INFORMATION

_____ Year Built When were the following updates performed?

Heating: _____

Electrical: _____ Is wiring aluminum? _____ (Aluminum wiring is prohibited)

Plumbing: _____

Total # of units: _____ How many units with the following exposures:

_____ Assisted living, adult foster care, halfway house, homeless shelter or rehabilitation centers (All prohibited)

_____ Converted to condos

_____ Subsidized housing including housing authority (Prohibited if over 25%)

_____ Student housing (Prohibited if over 25%)

_____ Single family dwellings (If over 10, coverage is prohibited)

_____ Spaces used as Mobile home parks or courts (Not Eligible for Apartment Program)

_____ Timeshares (Not Eligible for Apartment Program)

_____ Undergoing major renovations (Prohibited)

- Is there an apartment manager on premises? _____ What are the average monthly rents _____
- Have there been any incidents of unlawful eviction within the last 3 years? _____
- Have there been any violations of any city, county or state housing code within the last three years? _____

Occupancy Rate _____ (Prohibited if less than 75% annually)

#Stories _____ If over 4 stories confirm building is 100% sprinklered, masonry non-combustible (or better) construction, life safety standards are met and an elevator maintenance agreement is in effect.

Streets or roads: Controlled by the insured? _____ If yes, how many miles? _____

LIFE SAFETY & SECURITY

_____ Confirm Fire Extinguishers are adequately placed and currently tagged

_____ Confirm smoke detectors are in all units? Battery () or Hardwired ()

_____ Confirm Security Guards are not armed (Armed guards are prohibited)

RECREATIONAL FACILITIES

_____ Baseball diamonds, basketball, racquetball, shuffleboard, tennis or valley ball courts

_____ Beach fronts or lakes. Acres of each lake _____

_____ Bicycle trails Miles of each _____

_____ Clubhouses – square footage of clubhouse _____, #Convenience Stores _____ # Fitness Centers _____

_____ Docks # _____ Slips # _____ Boat ramps

_____ Playgrounds or parks? # park acres _____

_____ Restaurants – If restaurant, attach Restaurant/Tavern/Bar Supplemental Application

_____ Swimming Pools # Saunas _____ # Spas _____

Confirm pools are fenced with self-latching gates _____

Confirm rules, hours and depth markers posted _____

Confirm life safety equipment is available _____

Confirm no slides or diving boards (Prohibited) _____

Describe all losses in the past 3 years: _____

Has insurance been canceled or non-renewed in the past year for non compliance of recommendations? _____

Has applicant filed Bankruptcy (Chapter 7, 11 or 13) or is applicant in receivership? _____ (Prohibited)

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____