

Applicant's Name: _____ Proposed policy dates: _____
Mailing Address: _____
Business Location: _____
Limits Requested: _____ Deductible Requested: _____
How long in business under this name? _____ Years experience in this field: _____
 Individual Partnership Corporation Other

GENERAL INFORMATION

Age of Bldg.: _____ # of Bldgs.: _____ # of Stories: _____ #of Units: _____ % Occupied: _____
Construction/last updated: _____ Roof: _____ Wiring: _____
If over 10 years, detail: _____
If aluminum wiring, have all outlets been pigtailed and checked by a licensed electrical contractor within the past 5 years? YES NO
of Years owned: _____ Condition of Property GOOD AVERAGE POOR
Surrounding Area Improving Stable Declining

FIRE / SAFETY INFORMATION

Hallways / stairwells open or closed: _____ # of Exits: _____
Fire doors and panic hardware? YES NO
Is there a central station? YES NO
If yes, is it monitored to desk? YES NO
Are heat/smoke detectors: Hard wired Battery
How often are detectors tested? _____ How often are batteries replaced? _____
Is risk sprinklered? YES NO
If yes, describe which areas: _____

SWIMMING POOL INFORMATION

CHECK HERE IF NOT APPLICABLE

Number of pools: _____
Are pools fenced from all units? YES NO
If yes, what is height of fence? _____ Self-closing gate? YES NO
Any structures within 10' of edge of pool? YES NO
Is there a diving board or slide? YES NO
If yes, what is height of board: _____ Depth markers? YES NO
Shepard's hook / ring nearby? YES NO

SECURITY

Sliding glass doors equipped with additional locks? YES NO
Do entry doors have keyless deadbolts? YES NO
Do entry doors have peepholes? YES NO
Are there any security guards on premises? YES NO
If yes, provide full details including whether armed or unarmed, off-duty police, independent firm (which provides certificates?) or employees and if there is any non-cash compensation.
Are there fences and/or gates surrounding the property? YES NO
Are criminal checks done on employees? YES NO
Are criminal checks done on prospective tenants? YES NO
Have there been any previous incidents of physical or sexual assault? YES NO

APARTMENT SUPPLEMENTAL APPLICATION CONTINUED

OTHER

Confirm that lease/rental agreement makes no warranties with regard to security and that leasing agents/employees are instructed to advise potential and current tenants to dial 9-1-1. YES NO

No. of units with subsidies or government funding (HUD, rent subsidies, rent funding or other): _____

Describe type: _____

Percent rented to: Students: _____ Elderly: _____

Any of the following? Please describe all yes answers in detail below.					
Baseball Fields	<input type="checkbox"/> YES <input type="checkbox"/> NO	Clubhouse	<input type="checkbox"/> YES <input type="checkbox"/> NO	Restaurants	<input type="checkbox"/> YES <input type="checkbox"/> NO
Basketball Courts	<input type="checkbox"/> YES <input type="checkbox"/> NO	Convenience Stores	<input type="checkbox"/> YES <input type="checkbox"/> NO	Saunas/Spas	<input type="checkbox"/> YES <input type="checkbox"/> NO
Racquetball Courts	<input type="checkbox"/> YES <input type="checkbox"/> NO	Exercise Facility	<input type="checkbox"/> YES <input type="checkbox"/> NO	Security Guards	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tennis/Volley Ball Courts	<input type="checkbox"/> YES <input type="checkbox"/> NO	Lakes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sewage Treatment Plants	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bathing Beaches	<input type="checkbox"/> YES <input type="checkbox"/> NO	Lifeguards	<input type="checkbox"/> YES <input type="checkbox"/> NO	Special Events	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bike/Horse Trails	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parks	<input type="checkbox"/> YES <input type="checkbox"/> NO	Streets/Roads	<input type="checkbox"/> YES <input type="checkbox"/> NO
Boat Docks/Slips	<input type="checkbox"/> YES <input type="checkbox"/> NO	Playgrounds	<input type="checkbox"/> YES <input type="checkbox"/> NO	Waterworks	<input type="checkbox"/> YES <input type="checkbox"/> NO

Details: _____

Prior Carrier Information							
Year	Carrier	Policy #	Limits	Premium	# of Claims	Total Paid*	Total Reserved*

*Attach separate sheet with details

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature:	Date:
Producer's Signature:	Agency:
	Date: