

GREATER NEW YORK INSURANCE COMPANIES

SUPPLEMENTAL APPLICATION - APARTMENTS, COOPERATIVES & CONDOMINIUMS

Applicants Name: _____ Producer: _____

Applicants Address: _____ City: _____ Zip: _____

Apartment: _____ Cooperative: _____ Condominium: _____

Assisted Living Facility: Yes No Nursing Home Facility: Yes No

Exclusive for over age 55 Yes No If Yes, Please describe in detail _____

Dormitory Style Housing Yes No If Yes, Please describe in detail _____

Other Association/Operation Yes No If Yes, Please describe in detail _____

Seasonal Occupancy Yes No If Yes, Please describe in detail _____

Submissions must include Condominium Association By-Laws or Declaration w/Insurance Section and (if applicable), Master Deed 4-Years of Currently Valued Loss Runs, and (if Frame or Brick Veneer Construction) a Readable Site Plan including distances between buildings and SOV, which must include square footage of each building & number of units per building.

Has the insured ever acted or do they plan to act as General Contractor or Property Developer? Yes No

Is insured involved in any construction operations? Yes No

If yes, describe: _____

1. No of years under present ownership: _____ No. of Units: _____ Number of Stories: _____ Year Built: _____

2. Number of buildings at this location: _____ Distance between each building: _____ Construction type: _____

Square Feet of Each Building: _____ Living Space _____ Basements _____ Garages _____

3. Average monthly Apt Rent/Unit: _____ Average monthly Condo Fee/Unit: _____ Total Annual Rental/Condo Fees _____

4. Are there any Mercantile, Office or Other Occupancies? Yes No Sq. Ft. _____

Describe Occupancies: _____

5. a) If Condominium, is it 100 % Owner-Occupied? Yes No

b) If Condominium, are there any units not occupied by the owner? Yes No # Units _____

c) Are there any Vacant Units? Yes No # Units _____

d) Are there any Seasonal/Transient Units? Yes No # Units _____

6. If building is over 20 years, indicate when the most recent modernization was completed for each item:

a) Has Heating been updated? Yes No Year _____

b) Has Plumbing been updated? Yes No Year _____

c) Has Wiring been updated? Yes No Year _____

d) Has Roofing been updated? Yes No Year _____

e) If yes, indicate type of work performed on each system: _____

f) Has building been **Gut Rehabbed**? Yes No Year _____

g) Has building been **converted** from prior occupancy? Yes No Year _____

h) If yes, describe former occupancy: _____

7. a) Are Circuit Breakers Used Throughout? Yes No

b) Are any **Fuse Systems** still in use? Yes No

c) Is there any **Aluminum Wiring** in the units? Yes No

d) Is **Polybutelene Piping** used? Yes No

e) Are there any **Underground Storage Tanks**? Yes No

8. a) Are there any Firewalls? Yes No

b) If Yes, Do Firewalls Penetrate the Roof? Yes No

c) Do Firewalls or fire barriers, if any, extend from the lowest floor level to the Underside of Roof? Yes No

d) Indicate construction type and number of Fire Walls or Fire Barriers: _____

e) Indicate Number of Units within each fire division: _____

9. Describe Second Means of Egress: 2nd Interior Stairwell _____ Exterior Stairs to Grade _____

Fire Escapes to Grade _____ Fire Balconies (No access to grade) _____ None _____

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10. a) Is building Sprinklered? Fully _____ Partial _____ Yes No % _____
 b) Sprinkler Alarms? Local _____ Central Station _____ Yes No
 c) Fire Alarms? Local _____ Central Station _____ Yes No
 d) Smoke/Fire Detector Alarms? Local _____ Central Station _____ Yes No
 e) Are all **Common Areas** equipped w/Hard Wired Smoke Detectors w/Battery Backup? Yes No
 f) If not, are the **Common Areas** at least equipped w/Hard Wired Smoke Detectors? Yes No
 g) Is each **Unit** equipped w/Hard Wired Smoke Detectors w/Battery Backup? Yes No
 h) If not, is each **Unit** at least equipped with Battery Operated Smoke Detectors? Yes No
 i) If Battery Operated Detectors, do they have a formal program for battery replacement? Yes No
 j) Is building equipped with Carbon Detectors? Yes No
 k) Emergency Lighting? Yes No
 l) Fire Extinguishers? Yes No
 m) Pull Stations in Hallways/Stairways? Yes No
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11. a) Is there a Security Guard on premises? Part Time _____ Full Time _____ Yes No Hours _____
 b) If yes, are the Security Guards armed? Yes No
 c) Is there a Security System? Yes No
 d) Is there a Superintendent or Manager that resides on premises? Yes No
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12. a) If Apartment, are all Apartment Units locks re-keyed for all new occupants? Yes No
 b) Do all of the Units have Dead Bolt Locks? Yes No
13. a) Does the lease or Condo by-laws require the tenants to carry liability insurance? Yes No
 b) If yes, what Limits are required? _____
 c) Do the Condo By-Laws require the unit owners to carry their own property insurance? Yes No
 d) Has the insured granted a Waiver of Subrogation to any tenants? Yes No
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14. a) Are Contractors Used for Snow Removal/Landscaping? Yes No
 b) If yes, are Certificates of Insurance obtained from all Contractors/Sub-Contractors? Yes No
 c) Is our Insured named on Contractors Policy as Additional Insured? Yes No
 d) Are Minimal Limits of Liability required on Contractors' policy? Yes No
 f) If yes, what are the Minimum Limits of Liability Insurance? _____
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15. a) Is there a Swimming Pool on the premises? If yes, how many Pools? Yes No # _____
 b) Is there a Diving Board or Slide? Yes No
 c) Is Life Saving Equipment present at the pool side? Yes No
 d) Is pool fenced with a self-closing gate? Yes No
 e) Is the pool depth clearly marked? Yes No
 f) Is area surrounding pool made of a non-skid surface? Yes No
 g) Is use of pool restricted to occupants & guests? Yes No
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16. a) Are there any ponds or bodies of water on the premises? Yes No
 b) If so, is there fencing surrounding the pond or body of water on the premises? Yes No
 c) If not, please submit Pond Supplemental Questionnaire.
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17. a) Is there a clubhouse? Yes No
 b) If so, is the clubhouse rented to the General Public? Yes No
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18. a) Is there any Playground Equipment? Yes No
 b) If so, describe equipment & surface that playground is on: _____
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19. Does the insured prohibit the use of charcoal and gas grills on balconies or wooden decks? Yes No
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20. a) Are there any Wood Burning Stoves used on the premises? Yes No # Stoves _____
 If yes, were they installed at the time of construction? Yes No
 If yes, are they contained in fire safe pre-fab units? Yes No
 b) Are there Wood Burning Fireplaces in any of the living units? Yes No # Fireplaces _____
 c) Does the Insured have an Annual Written Policy to Inspect & Annually Clean each and every Fireplace Chimney on Premises?
 Yes No
 d) If not, how often are Wood Burning Stoves, Fireplaces and Chimneys required to be cleaned? _____
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21. a) Have any of the Insured's Buildings been Damaged by Flood or Mold during the last Five Years? Yes No
 b) If yes, please describe in detail: _____
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22. Is the Building listed on the National or Local Register of Historical Places? Yes No Details: _____
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23. Insured's Website Address: _____

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Insured's Signature & Title: _____ Producer's Signature: _____