

Standard Mutual Insurance Company

Supplemental Apartment House Application

Named Insured _____ Policy Number _____

Street Address of Insured Premises _____

City _____ State _____ Zip Code _____

Agency _____ Code _____

Management

- Property managed by Owner _____ Management Co. _____ Other _____
- Length of time current ownership/management _____
- On-Site management: Yes _____ No _____
- Contact person for inspection purposes _____
Title or job description _____ Telephone Number _____

Occupancy

- Total number of apartment units _____
- Rental rates—Minimum _____ Maximum _____ Typical _____
- Average Vacancy Rate _____ Percent of undergraduate student housing _____
- Percent subsidized housing _____ Type of subsidy _____

Property

- Age of building _____ Type of construction _____
- Type of wiring (conduit, BX, Romex, etc.) _____ Age of wiring _____
- Fuses _____ Circuit Breakers _____
- Type of heating unit (furnace, boiler, space heater, etc.) _____
Age of heating unit _____ Type of fuel used _____
- Fire extinguishers provided in units _____ In common area _____ Regular Inspection _____
- Fireplaces _____ Woodburning Stoves _____ Parking area _____
- Smoke detectors in each unit _____ In hallway _____ Battery operated _____ Hard-wired
with battery back-up _____ Central alarm service _____ Checked regularly _____
- Laundry _____ Number of washers _____ Dryers _____ Lint filters cleaned regularly _____

Premises Liability

- Are interior stairways, hallways, and basement areas well lighted _____
- Are the walkways and parking areas well lighted _____ Condition _____
- Type of locking device on outside doors _____ Apartment doors _____
- Is there a swimming pool _____ Size _____ Fenced _____ Diving Board _____
- If playground equipment, describe _____
- Are there 2 exits per floor _____ Any animal restrictions _____

Loss History

- Previous insurance company _____
- Description of Losses: If not shown on application, please show date, causes, amount paid, and claims status on back of this supplemental application.

Signature of insured _____ Date _____

Insured's Social Security Number _____

Signature of agent or producer _____