



RESIDENTIAL PROPERTY APPLICATION SUPPLEMENT

Insured _____

Location _____

GENERAL INFORMATION

of stories _____ # of units per building _____ # of units vacant _____

Construction _____

Year built _____

If over 20 years old, what has been updated? _____

UNDERWRITING INFORMATION

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Is there a property manager? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does owner or manager live on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |

Number of Units

- | | | | |
|-----------------------|------------------------------------|---------|-------|
| 3. Percent rented as: | Section 8 or Subsidized Housing | _____ % | _____ |
| | Student Housing | _____ % | _____ |
| | Elderly Housing or Assisted Living | _____ % | _____ |

4. Average rent: 1 BR \$ _____ 2 BR \$ _____ 3 BR \$ _____

- | | | |
|---|--------------------------|--------------------------|
| 5. Are there any outstanding municipal code violations? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

If Yes, Explain:

- | | | |
|---|--------------------------|--------------------------|
| 6. Are referenced checked on rental applicants? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- | | | |
|--|--------------------------|--------------------------|
| 7. Are there any mercantile occupants? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

If Yes, Explain:

- | | | |
|--|--------------------------|--------------------------|
| 8. Are there sponsored events or athletic teams? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

If Yes, indicate type:

PROPERTY COVERAGE INFORMATION

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Is there an adequate number of heat and smoke detectors in all units? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there fire extinguishers on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there a central station fire alarm? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there an automation sprinkler system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are barbeque grills allowed on outside balconies or decks? | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL LIABILITY INFORMATION

- | | | | | | | |
|--|---------------------------------|-----------------------------------|---|-------------------------------------|--------------------------|--------------------------|
| 1. Surface of parking lot: | <input type="checkbox"/> Gravel | <input type="checkbox"/> Concrete | <input type="checkbox"/> Asphalt | <input type="checkbox"/> No Parking | Yes | No |
| 2. Is there an adequate number of exits? | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are they marked with EXIT signs? | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there emergency lighting? | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Recreational Facilities: | | | | | Yes | No |
| Pools: Number of Pools | Yes | No | | | Yes | No |
| Self-locking gates? | <input type="checkbox"/> | <input type="checkbox"/> | Is the pool area fenced from all units? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Are rules posted? | <input type="checkbox"/> | <input type="checkbox"/> | Does the pool have depth markets? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a lifeguard? | <input type="checkbox"/> | <input type="checkbox"/> | Is there lifesaving equipment in place? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Have a diving board? | <input type="checkbox"/> | <input type="checkbox"/> | Hours of operation: | _____ | | |
| Have a slide? | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

6. Describe playground equipment (i.e. fenced, installed per specs, condition, etc.)

7. Describe any Exercise Facilities (i.e. types of equipment and safety requirements)

8. Describe any Outside Recreation (e.g. tennis/handball courts, boating, horseback riding, etc.)

9. Is there a club house or party room? Yes No

If Yes, please describe:

SECURITY

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does the lease/rental agreement make any warranties with regard to security?
If yes, Explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are sliding doors equipped with additional locks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there dead bolts on entry doors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there fences surrounding the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the complex directly employ security guards?
Are they armed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If outside security guard service, are certificates of Insurance required? | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. How long have you owned the property? _____ | | |
| 2. Have you declared bankruptcy (Chapters 7, 11, or 13) within the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Explain any prior incidents or sexual/physical assaults.

_____ | | |
| 4. Describe all losses to the property in the last 5 years (include dates and final payout, or if not closed, current reserve amount).

_____ | | |

Producing Agents Statement:

I HAVE INSPECTED THE PROPERTY AND FIND IT IN GOOD CONDITION.

Signature of Producing Agent

Date

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Applicant

Title

Date

Signature of Producing Agent

Date

Agent Name and Address