

Supplemental Application

Applicant's Name:
Location Address:
Date of Application:
Housing Type (Apartments, Condominium, Co-Operative)
If more than one location, please provide a spreadsheet (including all locations) to answer all questions that apply.

OCCUPANCY

Describe any non-apartment occupancies at the location & provide square footage:					
Senior Residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% of total units		
Retirement, Assisted Living or Senior Housing? Explain:					
Student Residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% of total units		
Student occupied units under a 12 month lease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no :	please explain	
Student housing limited to Graduates only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are there any units made available for affordable housing voucher programs such as HUD Section 8?			If so: What is the # of units?		
Other subsidized housing? Type?			If so: What is the # of units?		
Rental Units (Condominiums Only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% of total units		
Vacant Units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	% of total units		
TOTAL NUMBER OF UNITS:					
Number of Buildings					
Attach a plot plan if available	Total square footage?				
Average monthly rent per unit:					

BUILDING SYSTEMS

If building is over 20 years, indicate the date of most recent modernization of the following:					
HEATING			PLUMBING		
WIRING			ROOFING		
Details if needed:					
Are circuit breakers used throughout?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are Fuse Systems still in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes, describe location and extent of Fuses in use:					
Type of Wiring:					
If Aluminum, is it repaired with cop alum crimp connectors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

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Is Polybutelene Piping used?		Yes		No	
If Yes, describe plans to replace:					
Sprinkler System		Yes		No	% of area
Sprinkler System in attic?		Yes		No	
Fire Alarms		Yes		No	Local Central Station
Are there firewalls in any building that extend to the roof or past the roof and that are uncompromised or with self-closing fire rated doors?					Yes No
Firewall extends beyond the roof (parapet)			Yes		No How many inches high is the extension?
Fire wall number per building:					
Enclosed stairwells?					Yes No
Automatic closing fire doors?					Yes No
LIFE SAFETY					
Security bars on the windows?					Yes No
Security bars quick release type?					Yes No
Balcony rail spacing and/or staircase exceed 4 inches?					Yes No
Converted buildings - buildings originally built for the purpose other than habitational use? Describe:					Yes No
Locks re-keyed for new occupants?					Yes No
Dead-bolt locks for each unit?					Yes No
Security Guard on premises?			Yes		No If yes, are they Armed?
Pool on the premises?			Yes		No If yes, how many?
Pool has a diving board or slide?					Yes No
Poolside Lifesaving equipment present?					Yes No
Pool fenced with self-closing gate/door?					Yes No
Pool depth clearly marked?					Yes No
Pool area non-skid?					Yes No
Playground at this location?					Yes No
Playground covering material and debth:					
Ponds, lakes or streams located on or near the location?					Yes No
Marina or other recreational activities or equipment provided?					
Pond/lake public use and access?					
Pond fence around the perimeter?					
Smoke detectors in each unit and common areas?					Yes No
Smoke detectors hard-wired?					Yes No
Smoke detectors battery operated?					Yes No
Emergency Lighting?					Yes No
Fire Extinguishers?					Yes No
Pull Stations in Hallways?					Yes No
Carbon Monoxide Detectors in Units?					Yes No
Grill policy in place and enforced for both charcoal and/or gas grills? If yes, describe rule:					Yes No
Wood burning stoves used on the premises?					Yes No
Fireplaces in any of the living units?					Yes No

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Inspection program for each and every fireplace on the premises?	Yes	No
If yes, describe:	Yes	No
BUILDINGS OVER 4 STORIES		
Are there two (2) means of egress from each floor?	Yes	No
Are all exit doors unlocked and unobstructed?	Yes	No
Do all stairwells contain self-closing fire doors?	Yes	No
Are there standpipes in the stairwells?	Yes	No
Do the stairwells contain emergency lighting?	Yes	No
Is there an emergency evacuation plan and diagram posted on every floor?	Yes	No
Is there a pull down fire alarm mechanism on every floor?	Yes	No
Are there more than 25% of the tenants that live above the 4 th floor age 65 or over?	Yes	No
OTHER		
Water damage incidents in the past? If yes, describe cause and solution.	Yes	No
Are there any other locations owned by the named insured that is not on the application for coverage?	Yes	No
Are all locations under common ownership/management?	Yes	No
Are there any businesses owned/operated by the insured?	Yes	No
If yes, please describe:		
Is location professionally managed?	Yes	No
Number of years under present ownership:		
Property Manager		# of Years on this property
Are certificates of liability required and obtained from Contractors?	Yes	No
What limit of liability insurance coverage is required of Contractors?		
Is property undergoing renovations?	Yes	No
If yes, please describe pet policy and whether there are restrictions in the lease prohibiting aggressive breed dogs:		
Has the Insured granted a Waiver of Subrogation to any tenants?	Yes	No
If yes, please describe:		
Any other comments:		

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Anti-Fraud Agreement:

The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Information And Statements Set Forth In This Application (Including The Supplemental Applications And Schedules) Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application, The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

Insured's Signature

Date

Insured's Printed Name

Producer's Signature

Date

Producer's Printed Name