



4. Is this a gated project with limited access?  Yes  No
5. Are all units re-keyed prior to leasing to a new tenant?  Yes  No  
Are the records regarding re keying of apartments kept?  Yes  No
6. Are any information alerts on crime in the area distributed to tenants?  Yes  No
7. Are any guarantees or warranties about safety supplied to tenants or potential tenants?  Yes  No
8. Is security provided?  Yes  No  
If yes, list the hours of service \_\_\_\_\_  
Are the guards armed?  Yes  No  
Name of security firm: \_\_\_\_\_
9. Are there heat and smoke detectors in all units?  Yes  No
10. Do all buildings have smoke detectors in all apartments?  Yes  No  
If yes, are they hardwired?  Yes  No  
If hardwired, are they tied to a central station?  Yes  No  
Are they battery operated?  Yes  No  
If yes, how often are batteries check and replaced? \_\_\_\_\_
11. Is there emergency lighting?  Yes  No
12. Are there an adequate number of exits?  Yes  No  
If yes, are they marked with EXIT signs?  Yes  No
13. Are there sponsored events or athletic teams?  Yes  No  
If yes, indicate type: \_\_\_\_\_
14. Surface of parking lot:  Gravel  Concrete  Asphalt  No Parking

**Recreational Facilities:**

1. Swimming Pools?  Yes  No  
Number outside: \_\_\_\_\_ Number Inside: \_\_\_\_\_  
If outside fenced?  Yes  No  
If yes, height of fence: \_\_\_\_\_  
If outside, are they self-closing  Yes  No  
Key Access Doors to pool area?  Yes  No  
Rules Posted?  Yes  No  
Depth Markings?  Yes  No  
If yes, depth \_\_\_\_\_  
Daily Chemical Checks?  Yes  No  
Chemical Room Locked?  Yes  No  
Life Saving Equipment (life buoy, shepherds hook, etc.):  Yes  No  
Diving Board / Slide / Other: \_\_\_\_\_  Yes  No  
Video surveillance of pool area?  Yes  No
2. Whirlpool/Hot Tub?  Yes  No
3. Sauna:  Yes  No  
If yes, type of Heat: \_\_\_\_\_
4. Fitness Center?  Yes  No  
If yes, key access doors only?  Yes  No
5. Other Activities?  Yes  No  
If yes, please describe: \_\_\_\_\_
6. Playground Equipment?  Yes  No  
If yes, describe equipment: \_\_\_\_\_
7. Is there a clubhouse or party room?  Yes  No  
If yes, describe use. \_\_\_\_\_  
\_\_\_\_\_

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		