



RESIDENTIAL PROPERTY APPLICATION SUPPLEMENT
(To be used on Apartments, Rental Dwellings and Rental Mobile Homes)

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?
If yes, explain. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are references checked on rental applicants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any mercantile occupants?
If yes, explain. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are there sponsored events or athletic teams?
If yes, indicate type. _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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 automatic sprinkler system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are barbecue grills allowed on outside balconies or decks? | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL LIABILITY INFORMATION

1. Surface of parking lot: Gravel Concrete Asphalt No Parking
2. Is there an adequate number of exits? Yes No Are they marked with EXIT signs? Yes No
3. Is there emergency lighting? Yes No

4. Recreational Facilities:

Pools: Number of pools _____ Self-locking gates? Are rules posted? Is there a lifeguard? Have a diving board? Have a slide?	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> Is the pool area fenced from all units? Does pool have depth markers? Is there lifesaving equipment in place? Hours of operation: _____	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Describe Playground Equipment (i.e. fenced, installed per specs, condition, etc.) _____
6. Describe any Exercise Facilities (i.e. types of equipment and safety requirements) _____
7. Describe any Outside Recreation (e.g. tennis/handball courts, boating, horseback riding, etc.) _____
8. Is there a club house or party room? Yes No If yes, describe use. _____

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

1. How long have you owned the property? _____
2. Have you declared bankruptcy (Chapters 7, 11, or 13) within the last 5 years? Yes No
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). _____
- _____
- _____
- _____

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		