



APARTMENT/ ASSOCIATION SUPPLEMENTAL APPLICATION

APPLICANT'S NAME: _____
DBA, if applicable: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail address of primary contact: _____
Website address: _____

UNDERWRITING ELIGIBILITY – ALL CLASSIFICATIONS

- Does the applicant have any foreign locations, operations or product sales? Yes No
- Does the applicant have any 24 hour operations? Yes No
- Does the applicant have any armed security personnel or other security? Yes No
- Does the applicant's total annual revenue exceed \$50 million? Yes No
- Has the applicant, a majority owner, partner or member filed for bankruptcy in the past five years? Yes No
- Will any underlying policy written by Lloyds of London be scheduled? Yes No
- Any scheduled underlying policy (other than Employee Benefit Liability) written on a claims made basis or with defense costs within policy limits? Yes No
- Does the applicant own or operate any other business? Yes No
- Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? Yes No
- Do all properties have at least two means of egress (exits) on all floors and smoke detectors or an automated fire detection/alarm system in place? Yes No

GENERAL APARTMENT/ ASSOCIATION CLASSES

- Are any locations or buildings currently under construction or planned to be under construction during the policy period? Yes No
- Are functioning and operational smoke detectors and/or heat detectors located in all units and/or occupancies and are they periodically checked? Yes No
- Are functioning and operational fire extinguishers readily available? Yes No
- Does the applicant require all tenants/unit owners to maintain their own liability insurance? Yes No
- Does the applicant have any exposure to concierge services, playgrounds, day care, athletic courts, fitness facilities, golf courses, lakes, rivers, marinas or restaurants at covered location(s)? Yes No
- Are there security bars on the windows? Yes No
- Do all third parties, who have access to, or conduct work on any insured premises, provide the applicant with a certificate of insurance showing a minimum of \$500,000/\$500,000 General Liability limits? Yes No
- Do all buildings meet all applicable building codes and safety ordinances? Yes No
- Do any locations have an exposure to any of the following: Assisted Living/Nursing Homes, Boarding or Rooming Houses, Cold Storage Warehousing, Heavy Manufacturing or any Hazardous Tenancy, Housing Authorities or Projects, Marinas, Mobile Home/RV Trailer Parks, Parking Garages or Parking Lots not attached to another property, Senior Housing, Student Housing/Dorms, Student residents or Subsidized Housing, Vacant Buildings (less than 70% occupied), Vacant land, or Skate Yes No

Parks?

- Does the applicant have a lease agreement in place with all tenants? Yes No
- Does the applicant complete tenant screenings prior to finalizing lease agreements? Yes No
- Does the applicant re-key all locks prior to leasing to new tenants (not applicable to seasonal rentals)? Yes No
- Does the applicant own any 1 to 4 unit dwellings? Yes No
- Has any tenant been evicted in the past 6 months or is any tenant in the process of being evicted? Yes No
- Does the applicant have any guard dogs/animals? Yes No
- Is any portion of the premises dedicated for commercial occupancy? Yes No
- Does any building have both restaurant and habitational occupancies? Yes No
- Is there a swimming pool exposure? Yes No