

Apartment Supplemental Application

Applicant's Name _____

Agent Name _____

DBA _____

Address _____

Mailing Address _____

Proposed Effective Date:

Web Address _____

From _____ To _____

(12:01 am Standard Time at the address of the Applicant)

Years of Experience _____ years

Applicant is:

Years doing business under current name _____ years

Individual Joint Venture

Corporation

LLC

Partnership

Other

Limits of Liability Requested

Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Fire Legal (any one premise)	\$
Medical Expense (any 1 person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$	BI/PD per Claim - LAE

Property Limits Requested

	Value	Coinsurance	Valuation	Deductible
Building				
Contents				
Business Income				
Other				

Property Locations

	Address	City	State	Zip Code
Location 1				
Location 2				
Location 3				

Location 4				
Description	Location 1	Location 2	Location 3	Location 4
Year Built				
Type of Construction				
Number of Stories				
Number of Total Units				
Number of Buildings				
Number of Elevators in Buildings				
Total Square Footage				
Copper or Aluminum Wiring?				
Fire Walls Separating Buildings?				
Type of Roof?				
Year Roof was Updated				
Year Wiring was Updated				
Year Plumbing was Updated				
Year HVAC was Updated				
Protection Class				
Are Buildings Sprinklered?				
Years Owned By Insured				
Type of Occupancy				
Manager on Premises?				
Monthly Rent	1 Bedroom			
	2 Bedroom			
	3 Bedroom			
	4 Bedroom			
Percentage of units Subsidized				
Percentage of units rented to students				
Percentage of units rented to Elderly				
Medical assistance offered?				
Emergency pull cords present?				
Emergency Lighting?				
Proper Exits and Lighting?				

Pool Information

Number of pools _____ Is the pool(s) fenced? Yes No
 Self locking gates? Yes No Is there a diving board? Yes No
 Posted Rules Yes No How high is the board? _____ meters
 Lifeguard on premises? Yes No Is there a slide? Yes No
 Life Saving Equipment in place? Yes No How tall is the slide? _____ Feet

Recreational Activities (please list the number of each)

Playgrounds _____ Beaches _____
 Basketball Courts _____ Spas/Gyms _____
 Acres of Lakes/Ponds _____ Racquetball Courts _____
 Square Feet of Clubhouse _____ Baseball Fields _____
 Tennis Courts _____ Miles of Bike Trails _____
 Volleyball Courts _____ Boat Slips _____

Security Information

Is security provided? Yes No Is the property Gated? Yes No
 Armed or Unarmed? _____ How is entry gained? _____
 Independent Contractor? Yes No Who is given access to property? ____
 Are contractors insured? Yes No Are there alarms in every unit? Yes No
 Who monitors alarms? _____

Fire Protection

Are the buildings sprinklered? Yes No
 Are there smoke detectors in each unit? Yes No
 Are the smoke detectors checked regularly? Yes No
 Are fire extinguishers in all units? Yes No
 Are fire extinguishers in all common areas? Yes No

Account Revenue Projections and History

Year	Payroll	Gross Receipts	Sub-Contracted Cost (Incl Cost of Materials)
Next 12 Months			
Prior Year			
Prior Year			

Prior Year			
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Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____ Date _____

Agents Signature _____ Date _____