

Applicant's Name: \_\_\_\_\_ Proposed policy dates: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Business Location: \_\_\_\_\_  
Limits Requested: \_\_\_\_\_ Deductible Requested: \_\_\_\_\_  
How long in business under this name? \_\_\_\_\_ Years experience in this field: \_\_\_\_\_  
 Individual  Partnership  Corporation  Other

### GENERAL INFORMATION

Age of Bldg.: \_\_\_\_\_ # of Bldgs.: \_\_\_\_\_ # of Stories: \_\_\_\_\_ #of Units: \_\_\_\_\_ % Occupied: \_\_\_\_\_  
Construction/last updated: \_\_\_\_\_ Roof: \_\_\_\_\_ Wiring: \_\_\_\_\_  
If over 10 years, detail: \_\_\_\_\_  
If aluminum wiring, have all outlets been pigtailed and checked by a licensed electrical contractor within the past 5 years?  YES  NO  
# of Years owned: \_\_\_\_\_ Condition of Property  GOOD  AVERAGE  POOR  
Surrounding Area  Improving  Stable  Declining

### FIRE / SAFETY INFORMATION

Hallways / stairwells open or closed: \_\_\_\_\_ # of Exits: \_\_\_\_\_  
Fire doors and panic hardware?  YES  NO  
Is there a central station?  YES  NO  
If yes, is it monitored to desk?  YES  NO  
Are heat/smoke detectors:  Hard wired  Battery  
How often are detectors tested? \_\_\_\_\_ How often are batteries replaced? \_\_\_\_\_  
Is risk sprinklered?  YES  NO  
If yes, describe which areas: \_\_\_\_\_

### SWIMMING POOL INFORMATION

CHECK HERE IF NOT APPLICABLE

Number of pools: \_\_\_\_\_  
Are pools fenced from all units?  YES  NO  
If yes, what is height of fence? \_\_\_\_\_ Self-closing gate?  YES  NO  
Any structures within 10' of edge of pool?  YES  NO  
Is there a diving board or slide?  YES  NO  
If yes, what is height of board: \_\_\_\_\_ Depth markers?  YES  NO  
Shepard's hook / ring nearby?  YES  NO

### SECURITY

Sliding glass doors equipped with additional locks?  YES  NO  
Do entry doors have keyless deadbolts?  YES  NO  
Do entry doors have peepholes?  YES  NO  
Are there any security guards on premises?  YES  NO  
If yes, provide full details including whether armed or unarmed, off-duty police, independent firm (which provides certificates?) or employees and if there is any non-cash compensation.  
Are there fences and/or gates surrounding the property?  YES  NO  
Are criminal checks done on employees?  YES  NO  
Are criminal checks done on prospective tenants?  YES  NO  
Have there been any previous incidents of physical or sexual assault?  YES  NO

# APARTMENT SUPPLEMENTAL APPLICATION CONTINUED

## OTHER

Confirm that lease/rental agreement makes no warranties with regard to security and that leasing agents/employees are instructed to advise potential and current tenants to dial 9-1-1.  YES  NO

No. of units with subsidies or government funding (HUD, rent subsidies, rent funding or other): \_\_\_\_\_

Describe type: \_\_\_\_\_

Percent rented to: Students: \_\_\_\_\_ Elderly: \_\_\_\_\_

Any of the following? Please describe all yes answers in detail below.

Baseball Fields	<input type="checkbox"/> YES <input type="checkbox"/> NO	Clubhouse	<input type="checkbox"/> YES <input type="checkbox"/> NO	Restaurants	<input type="checkbox"/> YES <input type="checkbox"/> NO
Basketball Courts	<input type="checkbox"/> YES <input type="checkbox"/> NO	Convenience Stores	<input type="checkbox"/> YES <input type="checkbox"/> NO	Saunas/Spas	<input type="checkbox"/> YES <input type="checkbox"/> NO
Racquetball Courts	<input type="checkbox"/> YES <input type="checkbox"/> NO	Exercise Facility	<input type="checkbox"/> YES <input type="checkbox"/> NO	Security Guards	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tennis/Volley Ball Courts	<input type="checkbox"/> YES <input type="checkbox"/> NO	Lakes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sewage Treatment Plants	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bathing Beaches	<input type="checkbox"/> YES <input type="checkbox"/> NO	Lifeguards	<input type="checkbox"/> YES <input type="checkbox"/> NO	Special Events	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bike/Horse Trails	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parks	<input type="checkbox"/> YES <input type="checkbox"/> NO	Streets/Roads	<input type="checkbox"/> YES <input type="checkbox"/> NO
Boat Docks/Slips	<input type="checkbox"/> YES <input type="checkbox"/> NO	Playgrounds	<input type="checkbox"/> YES <input type="checkbox"/> NO	Waterworks	<input type="checkbox"/> YES <input type="checkbox"/> NO

Details: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Prior Carrier Information							
Year	Carrier	Policy #	Limits	Premium	# of Claims	Total Paid*	Total Reserved*

\*Attach separate sheet with details

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

<b>Applicant's Signature:</b>	<b>Date:</b>
<b>Producer's Signature:</b>	<b>Agency:</b>
	<b>Date:</b>