

## Application For Apartment/Condo

1. Business Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Applicant's Web Site Address \_\_\_\_\_
  
2. Year Built \_\_\_\_\_ No. of Buildings \_\_\_\_\_ No. of Stories \_\_\_\_\_  
 No. of Units \_\_\_\_\_ % Units Occupied \_\_\_\_\_ If condo, % owner occupied \_\_\_\_\_
  
3. Any timesharing?  Yes  No
  
4. Construction \_\_\_\_\_ Roof \_\_\_\_\_ Wiring \_\_\_\_\_  
 (If aluminum wiring, have all outlets been pigtailed and checked by a licensed electrical contractor within the past 5 years?)  Yes  No\*
  
5. Type of heat/smoke detectors:  Hard-wired  Battery Checked every \_\_\_\_\_ Month(s)
  
6. Detectors in every unit?  Yes  No\*
  
7. Are carbon monoxide detectors required by municipality?  
 If "yes", are they provided in each unit?  Yes  No  
 Yes  No\*
  
8. If apartments/condo are over 10 years old, fully describe all updates: \_\_\_\_\_
  


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9. Condition of Property:  Good  Average  Poor\*
  
10. Surrounding Area:  Improving  Stable  Declining
  
11. Any Elevators?  Yes  No Maintenance Contract?  Yes  No  
 How often maintained? \_\_\_\_\_
  
12. Are certificates of insurance obtained from elevator contractor?  Yes  No  
 Limits: \_\_\_\_\_
  
13. Pool Information: # of Pools \_\_\_\_\_ Depth Markers?  Yes  No  
 (If over 1 meter, refer)  
 # of Diving Boards \_\_\_\_\_ Height: \_\_\_\_\_  
 # of Slides \_\_\_\_\_ Height: \_\_\_\_\_  
 Pool Fenced?  Yes  No Fence Height? \_\_\_\_\_  
 Self-closing and self-latching gate(s)?  Yes  No\*  
 Self-closing and self-latching features of gate(s) in proper working condition?  Yes  No\*  
 How often are gates and fences checked? \_\_\_\_\_  
 Overhangs/Buildings less than 10 feet from pool?  Yes  No  
 Rules posted?  Yes  No  
 Non-slip surface around pool?  Yes  No  
 Other safety equipment: \_\_\_\_\_  
 Lifeguard(s) on duty when pool is open?  Yes  No

\* Must refer to company for approval.

14. If over 2 stories: Open or enclosed stairways?  Open  Enclosed  
No. of exits \_\_\_\_\_ 100% Sprinkled \_\_\_\_\_  
Fire doors and panic hardware? \_\_\_\_\_  
Windows protected for children? Please describe: \_\_\_\_\_

15. Sliding glass doors equipped with additional locks?  Yes  No

16. Doors equipped with dead bolts?  Yes  No\* Peep holes?  Yes  No\*

17. Height of balcony railing \_\_\_\_\_ Distance between bars on balconies \_\_\_\_\_ Stair rails \_\_\_\_\_  
(MUST ALL MEET CURRENT BUILDING CODE.)

18. Any guards who are employed?  Yes  No

19. Independent contractors for security?  Yes  No  
Certificates of Insurance Required?  Yes  No\* Limits \_\_\_\_\_

20. Any armed guards?  Yes\*  No Hold harmless agreements in your favor?  Yes  No

21. Percent of units with subsidies or government funding \_\_\_\_\_ (refer)

22. Percent rented to: Students \_\_\_\_\_ Elderly \_\_\_\_\_ (Refer if over 25%)

23. Describe recreation facilities/amenities (i.e. tanning equipment, weight rooms, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Any remodeling/renovation anticipated within policy period? If yes, please provide complete details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Details of claims/loss history for past three years. \_\_\_\_\_  
\_\_\_\_\_

26. LIMITS OF INSURANCE REQUESTED:  
General Aggregate Limit (Other than Products-Completed Operations) \$ \_\_\_\_\_  
Products-Completed Operations Aggregate Limit \$ \_\_\_\_\_  
Personal and Advertising Injury Limit \$ \_\_\_\_\_ any one person or organization  
  
Each Occurrence Limit \$ \_\_\_\_\_  
Damage to Premises Rented to You (up to \$50,000 limit available) \$ \_\_\_\_\_ any one premise  
Medical Expense Limit (up to \$5,000 limit available) \$ \_\_\_\_\_ any one person  
Each Professional Incident Limit (if applicable) \$ \_\_\_\_\_

27. Effective Dates Desired: From \_\_\_\_\_ To \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

Title: \_\_\_\_\_

\* Must refer to company for approval.