

## **WH Greene - Apartment Supplemental**

### **Applicant & General Info**

Named Insured: \_\_\_\_\_

MailingAddress: \_\_\_\_\_  
 \_\_\_\_\_

Does the named insured(s) own and manage the property: Yes \_\_\_ No \_\_\_

Does the insured hire real estate manager to manage properties: Yes\_\_\_ No\_\_\_

Does risk have full time maintenance staff: Yes:\_\_\_ No: \_\_\_

	Loc. #1	Loc. #2	Loc. #3	Loc #4.
<b>BUILDING INFO</b>				
Location Address:				
# of units				
Occupancy rate				
Year built:				
ISO Construction type:				
ISO protection class:				
# of stories:				
Percentage of building sprinklered				
If not 100% sprinklered what areas protected by system?				
Year Wiring Updates				
Year Plumbing Updates				
Year HVAC updates				
Gas utilities?				
CO detection (if so, hard wired or battery?)				

Building wiring (Copper or Aluminum)				
If aluminum wiring remediated with COPALUM or AlumiConn Connector?				
Do any of the following apply: Stab Lok electrical panels? Zinsco breaker panels? ITE Pushmatic electrical panels? Knob and Tube wiring? Fuses?				
<b>TENANCY</b>				
Market Rate tenant %				
Subsidized tenant %				
If subsidized: Section 8, Section 42? Other?				
Student Housing %				
Senior Housing %				
Full time property manager on site?				
Are there any commercial occupancies? Any commercial Cooking exposures?				
Does insured have formal lease with all commercial tenants with hold harmless / indemnification wording, additional				

insured requirements and obtaining certificates of insurance on an annual basis?				
<b>LIFE SAFETY</b>				
Smoke Alarms in all common areas and units?				
Hardwired, battery operated, or hardwired with battery back up?				
If battery operated, is there a written procedure for routine inspection and replacement? How often replaced?				
Manual pull fire alarms?				
Other life safety features such as annunciator panels, central station alarms, evacuation plans, etc?				
Are there 2 means of egress from each floor which are enclosed with self closing fire doors?				
Emergency lighting?				
Marked emergency exits?				
Outside Balconies?				

If so, is cooking allowed on balconies?				
<b>SECURITY:</b>				
Is there a doorman (24 hour)?				
Security service? If yes, armed or unarmed?				
Is security service: (subcontractor or employees)				
Controlled access (with gates, guardhouse)				
Exterior Entrances secured / locks, fobs, etc (details).				
Security cameras?				
Dead bolts and peep holes on all unit door?				
Are units re-keyed after each tenant vacates?				
Security Lighting:				
Parking Facilities?				
Describe Parking security features such as (lighting, cameras, security guards, etc).				
Background check on employees and tenants?				
<b>Swimming Pools / Hot tubs</b>				
# of swimming pools?				

# of hot tubs				
Depth of pool?				
Depths marked?				
Fenced by at least 4' fencing?				
Self-closing gate(s):				
Life guard?				
Diving board/slide:				
Rules posted:				
Meet Virginia Graeme Baker Pool/Spa Safety Act:				
Open to residents and guests only:				
<b>Misc UW info:</b>				
Window guards to protection children from falling?				
Any pull cords or similar devices:				
If pull cords, Who monitors? Who responds?				
Any other medical related services (if so please describe)				
Pets allowed?				
Breed or weight restrictions? If so, please describe.				
Number of playgrounds?				
Fitness facilities?				
Any child care related services provided?				
Lakes or ponds?				
If lakes or ponds is swimming allowed?				

If lakes or ponds are there warning signs?				
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**Construction Operations:**

Do any of the Named Insureds engage in actual construction operations?: Yes:\_\_\_ No:\_\_\_

Any current renovations or construction by any named insured planned or on-going: If so, please describe in detail:

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**Auto Exposures:**

MVR's run at hire? Yes:\_\_\_ No:\_\_\_

MVR's run annually? Yes:\_\_\_ No:\_\_\_

Preventive Maintenance Program in place? If so, please describe:

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Family or personal use allowed? Yes:\_\_\_ No:\_\_\_

Are any vehicles used to transport resident or others: Yes \_\_\_ No \_\_\_

Type of vehicle(s) used: \_\_\_\_\_ Seating Capacity \_\_\_\_\_

Distance traveled: \_\_\_\_\_ Frequency traveled: \_\_\_\_\_

**Risk Transfer**

Do you have own maintenance staff: Yes \_\_\_ No \_\_\_

Describe work done by own staff: \_\_\_\_\_

Do you use sub-contractors for any maintenance: Yes \_\_\_ No \_\_\_

If so, describe type of work subbed out: \_\_\_\_\_

If yes, are contractors required to maintain CGL with minimum \$1M/\$2M limit and to include the insured as AI including indemnification and hold harmless in favor of the insured: Yes \_\_\_ No \_\_\_

If so, please provide sample copy of contract used with subcontractors.

**Past Incidents or Claims:**

Any incidents or claims for the following type of losses over the last five years:

Bed Bugs: Yes:\_\_\_\_ No:\_\_\_\_

Habitability: Yes:\_\_\_\_ No:\_\_\_\_

Assault & Battery or other violent Crime: Yes:\_\_\_\_ No:\_\_\_\_

Water Damage / Mold: Yes:\_\_\_\_ No:\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Additional Notes:

\_\_\_\_\_

\_\_\_\_\_

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**FRAUD NOTICE:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA,VT, WA or WV - see Additional Fraud Notices attached hereto for these States).

**ADDITIONAL FRAUD NOTICES**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.



**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this questionnaire does not bind the undersigned to purchase insurance, nor does review of the questionnaire bind any insurer to issue a policy. It is agreed, however, that this questionnaire shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents and warrants that he or she is authorized on behalf of the applicant to complete and sign this questionnaire on its behalf.

**SIGNATURES:**

\_\_\_\_\_  
Applicant Name (Printed) Applicant Title

\_\_\_\_\_  
Applicant Signature\* Date

**PRODUCER INFORMATION:**

\_\_\_\_\_  
Producer Name (Printed) Producer Signature\*

\_\_\_\_\_  
Agency Name Agency Code License Number: