



APARTMENT SUPPLEMENTAL APPLICATION

NOTE: Please complete a separate application for each location

SECTION A: Applicant Information

- Applicant Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Website: _____ Phone Number: _____
- Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business Information

- Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
- Does the Insured own and manage the property? ☐ Yes ☐ No
If no, who owns and/or manages the property? _____
- Is there a manager on site 24/7? ☐ Yes ☐ No
- Does the Insured have a full maintenance staff? ☐ Yes ☐ No
- Does the Insured use sub-contractors for any maintenance? ☐ Yes ☐ No
If yes, explain: _____
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 wording in favor of the insured? ☐ Yes ☐ No
- Complete the following with percentages:
Market Rate Tenant percentage: _____ Student Housing percentage: _____ → # of beds: _____
Subsidized Tenant percentage: _____ Senior Housing percentage: _____
- Are there any commercial occupancies? ☐ Yes ☐ No
If yes, does the 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? ☐ Yes ☐ No
- Are there any commercial cooking exposures? ☐ Yes ☐ No

SECTION C: Property Information

- Number of buildings: _____ Total building sq. footage: _____
Parking sq. footage: _____ Number of stories: _____
Number of units: _____ Number of elevators: _____
Occupancy rate: _____ Year built: _____
ISO building construction: _____ ISO protection class: _____
- Are there any current or planned renovation or construction projects? ☐ Yes ☐ No
If yes, explain: _____
- Have there been any building code violations? ☐ Yes ☐ No
If yes, explain: _____
- When were updates performed for the following:
Electricity: _____ Partial or complete? _____
Plumbing: _____ Partial or complete? _____
Roofing: _____ Partial or complete? _____
HVAC: _____ Partial or complete? _____
- Are units accessed through exterior doors? ☐ Yes ☐ No
- Are there any balconies? ☐ Yes ☐ No

7. Are there any fire escapes? ☐ Yes ☐ No
8. Are buildings and units sprinklered? ☐ Yes ☐ No
If yes, what percentage is sprinklered? _____
9. Are there smoke detectors? ☐ Yes ☐ No
If yes, are they hard wired, or battery operated? _____
If battery operated, is there a routine maintenance program? ☐ Yes ☐ No
10. Are there fire alarms? ☐ Yes ☐ No
If yes, are they central station, local, or pull alarms? _____
11. Are there manual pull alarms? ☐ Yes ☐ No
12. Is there aluminum wiring on premises? ☐ Yes ☐ No
If yes, is the aluminum wiring repaired? ☐ Yes ☐ No
Please explain: _____
- Do any of the following apply (select all that apply):
- ☐ Stab Lok Electrical Panels ☐ Zinsco Breaker Panels ☐ ITE Pushmatic Electrical Panels
☐ Knob and Tube Wiring ☐ Fuses
13. Are there clearly marked fire exits? ☐ Yes ☐ No
Are there secondary means of egress for each floor? ☐ Yes ☐ No
14. Are there carbon monoxide detectors in all areas? ☐ Yes ☐ No
15. Is there emergency lighting in common areas? ☐ Yes ☐ No
16. Are there dead bolt locks on doors to units? ☐ Yes ☐ No
17. Are there peep holes in doors to units? ☐ Yes ☐ No
18. Do units have fireplaces? ☐ Yes ☐ No
If yes, are they gas or wood burning? _____
19. Are pets allowed on premises? ☐ Yes ☐ No
If yes, please describe formal breed restrictions: _____
20. If applicable, who handles snow and ice removal? _____
21. Are there any pull cords or similar devices? ☐ Yes ☐ No
If yes, who monitors them and who responds? _____

SECTION D: Security Information

1. Is there a doorman 24/7? ☐ Yes ☐ No
2. Are there any security guards? ☐ Yes ☐ No
If yes, are they armed? ☐ Yes ☐ No
Are the security guards employees or independent contractors? _____
3. Are there security cameras on the premises? ☐ Yes ☐ No
4. Are background checks performed for all tenants and employees? ☐ Yes ☐ No
5. In the last 12 months, have any emergency services been called (police, ambulance, fire department)? ☐ Yes ☐ No
If yes, explain:

6. Are units re-keyed after each tenant vacancy? ☐ Yes ☐ No
7. Describe the system for locking each type of door, gate, exterior door, etc. (key fobs, keys, keypads, etc.):

8. Describe the parking facility type and security:

SECTION E: Pools/Waterfront Information ☐ N/A

1. How many swimming pools are there? _____ Number of hot tubs: _____
2. Do hot tubs have an automatic shut off? ☐ Yes ☐ No
3. Do pools have self-latching doors or gates? ☐ Yes ☐ No
4. Are there any diving boards or pool slides? ☐ Yes ☐ No
If yes, describe: _____
5. Are there lifeguards on duty? ☐ Yes ☐ No
If yes, how often? _____
If yes, are they subbed out or employees? ☐ Yes ☐ No
6. Are pool depths adequately marked? ☐ Yes ☐ No
7. Are pool chemicals properly stored? ☐ Yes ☐ No
8. Does pool comply with the requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act?..... ☐ Yes ☐ No
9. Is there any lake or ocean front beach access? ☐ Yes ☐ No
If yes, are there lifeguards? ☐ Yes ☐ No
10. For all water, is there rescue equipment? ☐ Yes ☐ No
11. For all water, is there warning/rules signage? ☐ Yes ☐ No

SECTION F: Amenities and Recreation Information ☐ N/A

1. Are there any playgrounds? ☐ Yes ☐ No
2. Are there any lakes, ponds, or boat slips? ☐ Yes ☐ No
3. Are there any exercise facilities? ☐ Yes ☐ No
4. Are there any daycare centers? ☐ Yes ☐ No
5. Are there any tennis, basketball, or racquetball courts? ☐ Yes ☐ No
6. Are there any saunas or spas? ☐ Yes ☐ No
If yes, list all spa services: _____

SECTION G: Owned, Hired, and Non-Owned Auto ☐ N/A

1. Are there any owned autos? ☐ Yes ☐ No
2. MVRs at hire: _____
MVRs annually: _____
3. Is there any personal or family use of owned vehicles? ☐ Yes ☐ No
4. Does Insured verify that each employee driving for business purposes has a valid government issued driver's license and carries sufficient personal insurance in accordance with minimum state insurance requirements? ☐ Yes ☐ No
5. Does Insured prohibit business driving rights for any individual with prior incidence of license suspensions, revocations, or DUI convictions? ☐ Yes ☐ No
6. Have there been any hired and non-owned auto losses in the past five years? ☐ Yes ☐ No
If yes, please attach a detailed list of losses

SECTION H: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____

Agency Name Agency Code License Number: _____