

APARTMENT PROGRAM - SUPPLEMENTAL QUESTIONNAIRE

(Complete for Each Apartment or Complex & Draw a Diagram showing distance between multiple buildings)

Applicant:		Proposed Effective Date:	
Location Address:		Total # Of Buildings # _____	Total Annual Rental Income \$ _____
		Total Bldg. Area _____ Sq. Ft.	
Total # of Units _____	1 Bedroom # _____ Mo. Rent: \$ _____	2 Bedroom # _____ Mo. Rent: \$ _____	3+ Bedroom # _____ Mo. Rent: \$ _____
		Average % Vacant _____ %	
Building Limit Total Building Limit: _____ Construction Type: _____		Contents Limit Total Contents Limit: _____	Business Income Business Income Limit: _____
Garages / Carports Total Number _____ Total Values _____ Construction _____		Current Insurance Carrier _____ Current Annual Premium \$ _____	Any Clubhouse ? <input type="checkbox"/> Yes* <input type="checkbox"/> No - Construction: _____ - Square Footage _____ - Replacement Cost \$ _____

ANSWER ALL QUESTIONS AND EXPLAIN ALL INDICATED BY AN (*) IN DETAIL

- 1.) Involved in any litigation regarding the construction, maintenance or service of premises ? Yes* No
- 2.) Are there any construction defects known to you relative to the location being insured ? Yes* No
- 3.) Are there any occupancies other than habitational ? Yes* No
- If yes, describe including percent of total square footage:
- 4.) Are there smoke detectors in all living units, hallways and stairways ? Yes No*
- If yes, are they hard wired or battery operated ?
- If battery, do you change at least annually and keep a log ?
- 5.) Are all tub and shower surfaces of a "non-slip" type ? Yes No*
- 6.) Is all tub and shower glass made with "safety glass" ? Yes No*
- 7.) Are all premises fenced and is access restricted or controlled ? Yes No
- 8.) Do you rent any apartments on other than a Monthly basis ? If yes, explain. Yes* No
- 9.) Are there any subsidized units and/or rental assistance units in the apartment ? Yes* No
- If yes, what is the percentage ? _____ % Briefly describe:
- 10.) Are there railings on any balconies or walkways on the premises ? Yes* No
- If yes, are vertical slats built / located 6 inches OR LESS apart ?
- If yes, are there any horizontal slats on the premises ?
- 11.) Are there any children's playgrounds on the premises ? If yes, describe. Yes* No
- 12.) Are there any exercise facilities on the premises ? If yes, describe. Yes* No
- 13.) Any swimming pools or spas on the premises ? Pools # _____ Spas # _____ Yes* No
- If yes, are they completely fenced with self-closing and self-locking gate devices ?
- If yes, are there any water slides or diving boards on the premises ?
- If yes, is the water depth clearly marked on the exterior of the pools ?
- 14.) Are there any saunas on the premises ? If yes, # _____ Yes* No
- If yes, do they have "Panic Bars" ?
- 15.) Are background checks required on all new employees ? Yes No*
- 16.) Is this location within 500 feet of any river, lake or ocean ? If yes, describe. Yes* No
- 17.) Are there any lakes, streams or ponds on the premises ? If yes, fully describe. Yes* No
- 18.) Are there any "Wood Shake" roofs at this premises ? Yes* No
- If yes, what percentage of the roof is "Wood Shake" ?

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(Complete a questionnaire for Each Complex & Draw a Diagram showing distance between multiple buildings)

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- 19.) Are all enclosed stairwells equipped with self-closing doors & emergency lighting ? Yes No*
- 20.) Is there a resident or on-site manager on premises ? Yes No
- 21.) Is the insured responsible for any public streets or roads ? If yes, describe. Yes* No
- 22.) Are animals allowed ? Yes* No
 - If yes, list types, breeds, controls or other guidelines:
- 23.) Does tenant lease agreement permit "manager walk thru" of units at least quarterly ? Yes No
- 24.) Any security services provided ? If yes, describe. Yes* No
- 25.) Does this building have any pressure vessels ? Yes* No
 - If yes, what is the PSI ?
 - If yes, describe the pressure vessels:
 - If yes, what is the most recent certification date on the Vessel ?
- 26.) Have arrangements been made for snow and ice removal from walks and parking area ? Yes No*
 - If yes, is it done by employees, or are others contracted to do the removal ?
- 27.) Are there any outside steps up to second floor or higher floors or levels ? Yes* No
 - If yes, are the steps covered ?
- 28.) Are emergency telephone numbers gotten from tenants in case of an emergency ? Yes No
 - If yes, work telephone numbers ?
 - If yes, a telephone number of a relative or friend ?
- 29.) Does the apartment have maintenance employees on staff ? If yes, # _____ Yes* No
 - If yes, are these employees on premises or available 24 hours for emergencies ?
- 30.) Are tenants required to carry liability and/or property insurance on there apartment ? Yes* No*
 - If yes, are copies of coverage required and kept on file ?
 - If No, are tenants given any info regarding the need for property & liability coverage's ?
- 31.) Are fire extinguishers present on each floor of the apartment complex ? Yes No*
 - If yes, are they well marked, and have they been inspected & tagged in the past year ?
- 32.) Does the apartment supply washers & dryers for tenants use ? Yes* No
 - If yes, what is the charge made per load ?
 - If yes, what is the average annual income from washer & dryer charges ?
- 33.) What percentage of the units are Handicapped Accessible ? _____ %
- 34.) List all utilities that are paid for by the insured / apartment: (i.e.. Water, Electric, Gas, etc.)
- 35.) Is there any ALUMINUM WIRING or ASBESTOS in the building or complex ? Yes* No
- 36.) What is the estimated percentage of tenants that are COLLEGE STUDENTS ? _____ %
- 37.) Are complaint and repair logs maintained for the building ? Yes No
- 38.) Does a professional management firm manage the apartment or complex ? Yes No
- 39.) Have you included at least 3 years of prior loss runs from the insured's prior carriers ? Yes No*

FAX COMPLETED FORM BACK TO: (219) 809-0779