

Apartment Building Program Application

| | | | |
|---------------------|--|-------------|--|
| Named Insured: | | | |
| Mailing Address: | | ZIP Code: | |
| Effective Date: | | | |
| Inspection Contact: | | | |
| Phone Number: | | Fax Number: | |
| Producer Name: | | | |
| Producer Address: | | | |

| | | | |
|---------------------|--|--|--|
| Prior Carrier Name: | | | |
| Expiring Premium: | | | |
| Expiration Date: | | | |
| Proposed Premium: | | | |

| | | | | | | |
|-------------------|-------------|-------------|-----|-------|----------------------|-------|
| Check one: | | | | | | |
| Individual | Partnership | Corporation | LLC | Trust | Real Estate Mgmt. | Other |

Insured Information

| | Yes | No |
|---|-----|----|
| Are you a developer or builder of the property to be insured? | | |
| If yes, do you carry separate general liability insurance for these operations? Provide policy information for this policy | | |
| Act as a property manager for any properties not included in this submission? | | |
| Do you require your tenants to provide insurance for their units? | | |
| Do you run background checks on tenants prior to renting to them? | | |
| Years in business: | | |
| Number of Owners: | | |
| Additional Owners Names: | | |

Apartment Building Program Application

(One page required for each location)

| |
|-------------------|
| Location Address: |
|-------------------|

Please include statement of values breakdown per location per building. Complete page attached.

| | | | |
|---------------------|--|-------------------|--|
| Bldg Limit | | Income Limit | |
| Contents Limit | | Avg. Monthly Rent | |
| Property Deductible | | Other Limit | |

| | | | |
|-------------------------------|--|----------------------------|--|
| Building Construction: | | | |
| % Frame: | | % Masonry Non-Combustible: | |
| % Joisted Masonry: | | % Mod. Fire Resistive: | |
| % Non-Combustible: | | % Fire Resistive: | |
| Bldg. Square Footage* | | Year Built | |
| Number of Stories | | Elec. Update Year | |
| Roof Update Year | | HVAC Update Year | |
| Roof Type | | Plumbing Update Year | |
| Protection Class | | Plumbing Type | |
| | | AA/RC/FRC/ACV | |

* An additional charge/credit will be made for any discrepancy in Square footage or # of units discovered as the result of our site inspection.

| | | | |
|------------------------------|--|-----------------------------|---|
| Number of Buildings: | | Residential Occupancy Rate: | % |
| Number of Residential Units: | | | |

If bound, ALL non-habitational tenants must provide a Certificate of Insurance and insured must be named as additional insured.

| | | | |
|--------------------------------------|----|----------------------------|---|
| Number of Non-Residential Units: | | Non-Residential Occ. Rate: | % |
| Non residential square footage: | | | |
| | | | |
| Non-Residential Occupancy Type/Name: | | | |
| 1. | 2. | | |
| 3. | 4. | | |

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| | Yes | No |
|--|-----|----|
| Aluminum wiring? | | |
| Circuit breakers? | | |
| Is there asbestos present in any building? | | |
| Copper plumbing throughout? | | |
| HVAC under maintenance contract? | | |
| Any wood shake roofing or mansards? | | |
| Any wood shake siding? | | |
| Is the Property occupied on a seasonal basis or partially vacant? | | |
| If yes, how many months occupancy per year or vacancy rate? | | |
| Any marinas, marina operations or boat slips? | | |
| Any ponds, lakes, streams or other body of water on premises? | | |
| Is it fenced? | | |
| Is the property required to carry flood insurance? | | |
| Any parking? | | |
| Type: | | |
| Sq. ft. | | |
| Service contract for fire protection equipment on the property? | | |
| Any senior housing or assisted living? | | |
| If so, what percentage? | | |
| Any student housing? | | |
| If so, what percentage? | | |
| Any HUD, section 8 or assisted or subsidized rentals? | | |
| Type? | | |
| If so, what percentage? | | |
| Any commercial cooking and/or community eating areas? | | |
| If yes, do they have a dry ansul system over the entire cooking Area and is it on a service contract (minimum of quarterly)? | | |
| Is there a manual shut off installed? | | |
| How often are the hoods and ducts cleaned? | | |
| How often are the grease filters cleaned? | | |
| Do they have a deep fat fryer? | | |
| If yes, does it have a high temperature switch? | | |
| Any childcare operations? | | |
| Any Armed security services? | | |
| Any onsite medical staff and/or nurse or nurse aide? | | |
| Any onsite storage of chemicals or hazardous materials? | | |
| Fire extinguishers? | | |
| Fully sprinklered? | | |

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