Applicant/Named Insured:

Mailing Address:

Website Address:       Phone:

1. Location street address, city, county, state and zip code (if more than 4 locations, attach separate schedule):

Location #1:

Location #2:

Location #3:

Total number of buildings       Total number of Units

**2.** Description of Location(s) (provide information on additional locations on separate page)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Location #1** | **Location #2** | **Location #3** |  |
| Years owned by insured |     |     |     |
| Occupancy type  |   |   |   |
| Construction type  |       |       |       |
| Year built |      |      |      |
| # of stories |    |    |    |
| Does manager live on premises? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Wiring type: **C**opper, **A**luminum, **P**igtailed | [ ] C [ ] A [ ] P | [ ] C [ ] A [ ] P | [ ] C [ ] A [ ] P |
| Type of heating system |       |       |       |
| If space/portable heating: is it UL electric, Kerosene, vented gas or unvented gas? |       |       |       |
| **Type of Update** | **Year of Update or Renovation** |
| Electric |      |      |      |
| HVAC |      |      |      |
| Plumbing |      |      |      |
| Roof |      |      |      |
| Other:       |      |      |      |

1. Do you offer subsidized rentals? [ ]  Yes [ ]  No If yes, percentage of units
2. Do you offer rent-controlled units? [ ]  Yes [ ]  No If yes, percentage of units
3. Do you have student renters? [ ]  Yes [ ]  No If yes, percentage of units
4. Do you have a senior rental program? [ ]  Yes [ ]  No If yes, percentage of units
5. Do you have any assisted living services, i.e. medical assistance, emergency pull cords/buttons, etc.?

 [ ] Yes [ ]  No

1. Percentage of units vacant
2. Do you offer rental periods of less than 1 month? [ ]  Yes [ ]  No
3. What is your minimum rental period?       Average Monthly rent per unit:
4. Any air BNB, VRBO, or similar vacation rental. [ ]  Yes [ ]  No
5. Any transitional housing, I.E. Shelter, Halfway House, Rehab, Prisoner Release, Probation? [ ]  Yes [ ]  No
6. Boarding or Rooming House, or any Shared Kitchen/Bath Facilities? [ ]  Yes [ ]  No

If yes, provide explanation:

**3. Fire Protection and Security Information**

a. Sprinkler system [ ]  Common areas [ ]  Trash chutes [ ]  All units [ ]  100%

b. Working standpipes/hoses on every floor? [ ]  Yes [ ]  No

c. Central station fire alarm? [ ]  Yes [ ]  No

d. Smoke detectors in each living unit meeting local fire code? [ ]  Yes [ ]  No

 If yes, select type: [ ]  Battery [ ]  Hardwired

e. Fire Extinguishers per local fire code: In each unit? [ ]  Yes [ ]  No In common areas? [ ]  Yes [ ]  No

f. Separation between buildings? [ ]  Yes [ ]  No If yes, distance between buildings:

g. Is security provided? [ ]  Yes [ ]  No If yes, [ ]  Patrol [ ]  Gated Access [ ]  Alarm System

 24-hour security? [ ]  Yes [ ]  No

Type of security personnel: [ ]  Armed [ ]  Unarmed

 [ ]  Employee Payroll: $

 [ ]  Independent/Contracted Cost: $

 If security is Independent/Contracted, are certificates

 required and name our insured as an A.I.? [ ]  Yes [ ]  No

h. If gated, is the entire complex fenced? [ ]  Yes [ ]  No

How is access obtained?

Who is given access?

i. If alarm system, who monitors the system?

Are alarm systems in every unit? [ ]  Yes [ ]  No

**4.** **Maintenance Information**

Does the applicant use subcontractors for maintenance/repairs? [ ]  Yes [ ]  No

a. If yes, are Certificates of Insurance obtained? [ ]  Yes [ ]  No

b. Are minimum limits of 1/2/2M required? [ ]  Yes [ ]  No

c. Is the applicant listed as an additional insured? [ ]  Yes [ ]  No

d. Who is responsible for snow/ice removal?

If subcontracted is there a contract in place and do they name you as an additional insured with COI on file?  [ ]  Yes [ ]  No

**5. General Information**

a. Do you require tenants to carry renters insurance/personal liability insurance? [ ]  Yes [ ]  No

 If so what is the minimum limit?

b. Peep holes in each unit door? [ ]  Yes [ ]  No

c. Dead bolts in each unit door? [ ]  Yes [ ]  No

d. Are dogs allowed by tenants? [ ]  Yes [ ]  No If yes, any breed or size/weight restrictions?

e. Does applicant own, operate or lease any commercial operations?

Convenience Store? [ ]  Yes [ ]  No If yes, Sq. Footage:       or Gross Sales:

Restaurant? [ ]  Yes [ ]  No If yes, Sq. Footage:       or Gross Sales:

Other?       Sq. Footage:       or Gross Sales:

**6.** **Recreational Facilities**

a. Any club houses? [ ]  Yes [ ]  No If yes, total square footage:

b. Any exercise or weight rooms? [ ]  Yes [ ]  No If yes, # of rooms:

c. Any Tanning Beds? [ ]  Yes [ ]  No If yes, # of beds and describe controls in place:

d. Any picnic areas? [ ]  Yes [ ]  No If yes, # of areas:

e. Are there any swimming pools/spas? [ ]  Yes [ ]  No **(If yes, answer the remaining questions in 5.f.)**

Pool hours:       How many pools?    How many spas?

Diving boards? [ ]  Yes [ ]  No If yes, provide height:

Slides? [ ]  Yes [ ]  No If yes, provide height:

Underwater lighting? [ ]  Yes [ ]  No

Steps into shallow end with handrails? [ ]  Yes [ ]  No

Do pool(s) have sloped entry present? [ ]  Yes [ ]  No

Are any ADA lifts installed? [ ]  Yes [ ]  No

If yes:

Are lift(s): [ ]  Fixed or [ ]  Non-Fixed

Are special life jackets provided? [ ]  Yes [ ]  No

Who is responsible for operating lift?

f. Is pool area entirely surrounded by walls or fencing with self-closing /self-latching gate? [ ]  Yes [ ]  No

If yes, provide height of wall and/or fence:

Do any doors open directly into the pool area? [ ]  Yes [ ]  No

Are depth markings clearly shown? [ ]  Yes [ ]  No

Do drain covers meet or exceed all codes, Acts or regulations? [ ]  Yes [ ]  No

Are warning signs and rules posted in accordance with local statutes and clearly visible? [ ]  Yes [ ]  No

Is rescue equipment, including a ring buoy and 12 foot shepherd’s hook, available at poolside?

 [ ]  Yes [ ]  No

Pool maintained by: [ ]  Applicant [ ]  Outside Contractor

Lifeguards provided by: [ ]  Applicant [ ]  Pool Management Company [ ]  Other

g. Number of: Basketball Courts:    Racquetball Courts:    Tennis Courts:

Handball court rooms:    Playgrounds or parks:    Dog Parks:    Saunas:    Shared Laundry:

h. Are there lakes on the property? [ ]  Yes [ ]  No If yes, provide total acreage:

Boat ramps? [ ]  Yes [ ]  No If yes, provide receipts:

Boat docks/slips? [ ]  Yes [ ]  No If yes, # of slips:

Boat rentals? [ ]  Yes [ ]  No If yes, # of boats:      Receipts:

List permitted lake activities:

1. Are any of the previous recreational facilities (a. through h.) available to the public? [ ]  Yes [ ]  No

If yes, provide explanation and include receipts:

**7. Claims** - Any prior claims in the past 5 years? [ ]  Yes [ ]  No

If yes, please describe and what has been done to correct to help prevent future claims:

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**NOTICE TO APPLICANTS (EXCEPT CO & NY):**

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 may be guilty of a crime and may be subject to fines or 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**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

Applicant Name Applicant Signature Date

Producer Name Producer Signature Date