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