



Apartment Application

(Complete in addition to ACORD application)

Please answer all questions. If a question does not apply, indicate 'not applicable'.

Agency Name: _____ Agency Number: _____

Applicant's Name: _____ Date: _____

Mailing Address: _____

(No., Street, County, State, Zip Code)

Description of Operations: _____

Individual Corporation Partnership Joint Venture Other _____

PROPERTY LOCATIONS:

Location Name, Street Address, City, County, State, Zip Code (attach a separate sheet if additional space is needed)

1. _____
2. _____
3. _____

Number of Employees: _____

Is there a security guard on the premises? Yes No

If yes, is the guard armed? Yes No

Are security service providers used? Yes No

Are certificates secured? (**must provide**) Yes No

Name of the security service? _____

A. DESCRIPTION OF LOCATIONS

	Loc. #1	Loc. #2	Loc. #3
Class Code			
Year Built			
Number of Stories			
Number of Units			
Number of Buildings/Sq. ft.			
Heating/HVAC Type			
Any Lead Paint (delead?)			
Stairwells Open or Enclosed?			
Number of Exits			
Emergency lighting?			
Fire door or panic hardware?			
Manager on premises?			
Monthly Rent per Unit:			
% of Units subsidized			
Student Housing?			
Number of Elevators			
Gated Community?			
Video Surveillance?			
Annual Lease Required?			
Guard Rail Separation of 6" or less?			

B. RENOVATION/MOST RECENT UPDATE (provide Year & Type of Update)

	Loc #1	Loc #2	Loc #3
Roof			
Plumbing			
Electrical (type of wiring)			
Currently Renovating? Cost?			

Habitational Application

C. SWIMMING POOL(S)

Location Numbers: _____

1. Does the pool(s) have:
 - a. Diving Boards? Yes No
If 'Yes', height: _____
 - b. Slides? Yes No
 - c. Steps into shallow end with handrails? Yes No
 - d. Ladder at deep end with handrails? Yes No
2. Is the pool area completely surrounded by building walls or fence? Yes No
If 'Yes', height of fence: _____
3. Are gates or doors opening into the pool area equipped with a self-latching device? Yes No
4. Are the depth markings clearly shown? Yes No
5. Are warning signs and rules posted and clearly visible? (Provide wording or photo.) Yes No
6. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook, poolside? Yes No
7. Who maintains the pool? Applicant Outside Contractor
If Outside Contractor, are certificates of insurance on file? Yes No

D. MAINTENANCE

Provide details of work performed:

Who is responsible for or performs the work? Applicant's Employee Outside Contractor

If Outside Contractor, confirm certificates of Insurance are on file.

E. FIRE PROTECTION

1. Sprinklered? Yes No
If 'Yes', give percentage and where located: _____% All Units Common Areas only
2. Smoke detectors in each unit? Yes No
 - a. Hard-wire or battery? _____
 - b. How often checked? _____
3. Fire Extinguishers? All Units Common Areas None Date Last Serviced: _____

F. OTHER RECREATIONAL EXPOSURES

Number of: Playground(s) _____	Tennis Court(s) _____	Racquetball Court(s) _____
Basketball Court(s) _____	Volleyball Court(s) _____	Baseball Field(s) _____
Acres of Lakes/Ponds _____	Beaches _____	Miles of Bike Trails _____
Sq. Ft. of Clubhouse _____	Spa/Gym(s) _____	Boat Slip(s) _____
Exercise Room _____	Recreation Room _____	Restaurant _____
Mercantile Occupancies _____		

Are these available to nonresidents for a fee? Yes No

Annual Receipts: \$

Habitational Application

G. HISTORY

1. During the past three years, has any company canceled, declined or refused similar insurance to the Applicant? Yes No If 'Yes', explain: _____

2. Prior Carrier Information for the Previous Five Years:

	Year:	Year:	Year:	Year:
Carrier Name/Policy #:				
Premium/Policy Term:				

3. Loss History for the Previous Five Years

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open/Closed)

Attach a copy of the lease agreement currently in use by the applicant. Include any relevant information on screening methods used to select tenants, required deposits and the policy for refund to the tenant.

This application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECIEVE ANY INSURER, FILES A STATEMENT OF CLAIM OR APPLICATION CONTATING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Applicant's Signature	Date	Agent's Signature	Date
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