

## **Apartment Building Program Application**

Named Ins	ured:							
Mailing Add	dress:				ZII	P C	ode:	
Effective D	ate:				•			
Inspection	Contact:							
Phone Nun	nber:			Fax N	lumber:			
Producer N	lame:							
Producer Address:								
Prior Carrie	er Name:							
Expiring Pr	emium:							
Expiration	Date:							
Proposed F	Premium:							
		C	heck on	e:				
Individual	Partnership	Corporation	LLC	Trust	Real Estate Mgmt.		C	Other
		Insure	ed Info	rmation	1			
						Y	'es	No
Are you a	developer or bu	ilder of the prop	erty to b	e insure	d?			
If yes, do y operations	•	ate general liabi	lity insur	ance for	these			
Provide po	licy information	for this policy						
Act as a prosubmission		r for any proper	ties not i	included	in this			
Do you require your tenants to provide insurance for their units?								
Do you run	background ch	necks on tenant	s prior to	renting	to them?			
Years in bu	usiness:							
Number of	Owners:							
Additional	Owners Names	:						

# **Policy Level Coverages**

Crime (Limits not	to exceed \$10	0,000)		Yes	No
Employee Dishone	esty?				
If yes, limit?					
Deductible:		\$2,500	\$5,000		
Theft, disappearar	nce & destructio	n?			
If yes, limit?					
Deductible:	\$1,000	\$2,500	\$5,000		
Forgery & Alteration	n?				
If yes, limit?					
Deductible:		\$2,500	\$5,000		
Premises burglary	?				
If yes, limit?					
Deductible:	\$1,000	\$2,500	\$5,000		
Robbery & Safe B	urglary?				
If yes, limit?					
Deductible:	\$1,000	\$2,500	\$5,000		

Additional Coverage			Yes	No
Terrorism Coverage:				
Underground water or sewer back	ckup:			
If yes, limit?				
Employers' Liability Coverage? I	f yes, state?			
Employee benefits liability?				
If yes, number of employees?				
Hired and non-owned auto?				
\$1,000,000				
Garage Keepers Liability?				
\$50,000 or \$100,000 limit				
Deductible:	\$2,500	\$5,000		
Earthquake sprinkler leakage?				
(\$2.5mm or bldg limit whichev	er is lower)			
Building ordinance? If yes, limit				
B C	Combined B & C			
Umbrella Coverage?				
Limit?				
DIC Coverage?				
Limit?				

# Apartment Building Program Application – Location Details (One page required for each location)

Location Address:						
Please include statemen page attached.	t of valu	ies	s break	down per location per bu	uildin	g. Complete
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 units discovered as the res				e for any discrepancy in Squa ction.	re foo	otage or # of
Number of Buildings:				Residential Occupancy R	ate:	%
Number of Residential Ur	nits:					
If bound, ALL non-habitat insured must be named a				t provide a Certificate Of Ired.	nsura	nce and
Number of Non-Residenti	al Units:			Non-Residential Occ. Rat	te:	%
Non residential square for	otage:					
Non-Residential Occupar	ov Typo	/NI4	amo:			
1.	icy iype	/ I NO	2.			
3.			4.			
<u>.                                    </u>			r.			

#### Losses

Please list below all losses within the past 5 years (Required prior to quote proposal): 3yr hard copy currently valued loss runs required prior to binding.

Year	# of property claims	# of liability claims	Open/ Closed	Property total incurred	Liability total incurred
Current					
1 <sup>st</sup> Prior					
2 <sup>nd</sup> Prior					
3 <sup>rd</sup> Prior					
4 <sup>th</sup> Prior					
Totals					

	Yes	No
Smoke detectors? Battery Hardwired		
If battery detectors, do you have a maintenance procedure?		
Local fire annunciator panel or central station fire alarm?		
Is there a pool?		
Are depths clearly marked on top-edge of pool?		
If yes, is it fenced with a self-latching gate?		
If yes, is there a diving board?		
Playground?		
Additional recreational facilities? Type:		
Laundry room?		
Is Laundry facility equipment leased? If yes, provide certificates of insurance.		

#### **Additional Interest**

Mortgagee:	
Additional Named Insured:	
Additional Interest Type:	
Mortgagee:	
Additional Named Insured:	
Additional Interest Type:	

### **Apartment Building Program Application**

	Yes	No
Aluminum wiring?		
Circuit breakers?		
Copper plumbing throughout?		
HVAC under maintenance contract?		
Any wood shake roofing or mansards?		
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?		
Any student housing? If yes percentage of units?		
Any HUD, section 8 or assisted or subsidized rentals?		
Any commercial cooking and/or community eating areas?		
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?		
Bars on windows? If so, what rooms?		
Bars on doors?		
Does property meet all local zoning codes?		

Signature		
(Owner/Insured/Applicant):		

Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: Substantial] civil penalties, (not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, Insurance benefits may also be denied).

## STATEMENT OF VALUES SPREADSHEET

Loc#	Bldg#	Units	Bldg Limit	Contents	Rents	Other	Pool(s)	Parking Sq. ft