

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:	

Individual	Partnership	Corporation	LLC	Trust	Real Estate Mgmt.	Other
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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:

Bldg Limit		Income Limit	
Contents Limit		Avg. Monthly Limit	
Property Deductible (\$2,500 Min.)		Other Limit	

Bldg. Construction type		Year Built	
Bldg. Square Footage *		Elec. Update Year	
Number of Stories		HVAC Update Year	
Roof Update Year		Plumbing Update Year	
Roof Type		Plumbing Type	
Protection Class		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.	

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 st Prior					
2 nd Prior					
3 rd Prior					
4 th 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 Ins.		

Additional Interest

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

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	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?		
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).