



Apartment Complex Supplemental

Named Insured: _____ Location Address: _____ City, State, Zip: _____ County: _____	Producers Name & Address
No. of stories: _____ No. of units: _____ Construction: _____ No. of vacant units _____ Year built: _____ If over 15 years old, when were the following updates performed: Heating: _____ Electrical: _____ Plumbing: _____ Roof: _____ Years Owned: _____ Does Owner/Manager live on premises? <input type="checkbox"/> YES <input type="checkbox"/> NO Years of experience in managing properties: _____	
Are cooking facilities provided in rooms? If yes, indicate the number of rooms:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there heat and smoke detectors in all rooms? If yes, check the appropriate type: <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired with battery back-up	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there fire extinguishers on premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a central station fire alarm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are hallways and stairways open or closed? Number of exits:	<input type="checkbox"/> Open <input type="checkbox"/> Closed
Are sliding doors equipped with additional locks?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there deadbolts on entry doors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there fences surrounding the property?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the complex directly employ security guards? If yes, are security guards armed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If outside security guard service, are certificates of insurance required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the property fully sprinklered? If yes, is there an Annual Maintenance Agreement in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of pools: _____ Is the pool area fenced from all units?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Self-locking gates? <input type="checkbox"/> YES <input type="checkbox"/> NO Does pool have depth markers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are rules posted? <input type="checkbox"/> YES <input type="checkbox"/> NO Is there a lifeguard?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have a diving board? <input type="checkbox"/> YES <input type="checkbox"/> NO Is there lifesaving equipment in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have a sliding board? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Describe playground equipment (i.e. fenced, installed per specs, condition, etc.):	
Describe any exercise facilities (i.e. types of equipment & safety requirements):	
Describe any outside recreation (e.g.. tennis/handball courts, boating, horseback riding, etc):	
Average Rent for 1 br: _____ 2 br: _____ 3 br: _____ Minimum lease term: _____	
Square Footage for 1 br: _____ 2 br: _____ 3 br: _____ Other: _____	
Number of HUD units: _____ % rented to students: _____ % rented to elderly: _____	
Hourly or Daily rentals?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does lease/rental agreement make any warranty with regard to security?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are leasing agents/employees instructed to advise tenants & prospective tenants to call 911 in case of emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Describe all losses in the past 3 years:	
Explain any prior incidents of sexual/physical assault:	
Have applicant ever been canceled or non-renewed in the past 3 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO



IMPORTANT NOTICE: COVERAGE WILL BE FOR PREMISES LISTED ONLY

FRAUD STATEMENT: Any person who knowingly and with the 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.

WARRANTIES: I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE

Signature of Applicant X _____ Date: _____ (Owner, Officer or Partner)

Signature of Agent X _____ Date: _____ (Licensed Agent)

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