



Apartment / Condo Supplemental – Excess / Umbrella

Name of Applicant:	
<p>Do all locations meet the following minimum Fire/Life Safety Standards?</p> <p>Apartments & Single/Two Family Homes & Office Buildings</p> <ul style="list-style-type: none"> • 1-3 Stories <ul style="list-style-type: none"> o Battery operated smoke detectors (maintained on a regular schedule) o Two means of egress from all floors • 4-7 Stories <ul style="list-style-type: none"> o No frame construction o Hardwired smoke detectors o Two means of egress from all floors • 8-20 Stories <ul style="list-style-type: none"> o Fire Resistive or Masonry Non-Combustible construction o Hardwired smoke detectors o Two means of egress from all floors o Fully Sprinklered or Central Station Alarm with Standpipe • 21+ Stories <ul style="list-style-type: none"> o Fire Resistive construction o Hardwired smoke detectors o Two means of egress from all floors by enclosed stairwells o Fully Sprinklered 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do any of the locations include the following types of property?</p> <p> <input type="checkbox"/> Senior Housing over 3 stories <input type="checkbox"/> Boarding or Rooming houses <input type="checkbox"/> Student housing/dorms <input type="checkbox"/> Assisted living/nursing homes <input type="checkbox"/> Marinas <input type="checkbox"/> Subsidized housing (if more than 15% of units at any one location) <input type="checkbox"/> Housing authorities or housing projects <input type="checkbox"/> Vacant buildings (any building not at least 70% occupied) </p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are there any locations or operations outside of the United States?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are any of the locations or buildings under construction or planned to be under construction during the policy period?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do any of the locations have diving boards or pools lacking full fencing with self-locking gates?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do any of the locations have recreation exposures other than pool, health club, tennis court, playgrounds and community rooms?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do any locations provide transportation to 3rd parties such as guests or residents (shuttle vans/buses)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD WARNING:

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 subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ Date _____

AGENT SIGNATURE _____ Date _____