



Supplemental Application—Apartments, Coops & Condos

Applicants Name: _____
Street Address: _____

Producer: _____
City, State, Zip: _____

Property Type

Property Type: _____ For age 55+ only: _____ Yes please indicate type
Construction Type: _____ Retirement Senior Housing Assisted Living

Other Association: _____ No. of stories: _____
Avg. monthly rental per unit: _____ Year built: _____
Avg. monthly condo fees: _____ No. of bldgs @ this location: _____
No. of yrs under present ownersp: _____ Distance between each bldg: _____
No. of units per building: _____ Square feet of each bldg: _____
No. of units in complex: _____ Basement: Yes No
No. of non-owner occupied units: _____ Fire District: _____
No. of vacant units: _____ Protection Class: _____
No. of subsidized units: _____ FEIN: _____
Please select the Policy Payment Plan you would like for your insurance premium: monthly quarterly annually

If bldg is over 20 yrs old, indicate date of most recent modernization of:
Heating: _____ Plumbing: _____ Wiring: _____ Roofing: _____

Indicate type of work performed on each system when it was updated:
Heating: _____
Plumbing: _____
Wiring: _____
Roofing: _____

Has the insured ever acted, or do they plan to act, as General Contractor or Property Developer, or are they involved in construction operations? Yes No N/A
If yes, please explain: _____

Are circuit breakers used throughout: Yes No
Are any fuse systems still in use: Yes No If yes, have they been updated: Yes No
Type of wiring: _____
Is polybutelene piping used: Yes No

If yes, please describe plans to replace:
Type of safety measures present (Please check all that are applicable)
 Sprinkler System Sprinkler: Local Central % of area sprinkled Fire Alarms

Fire alarms: Local Central Smoke / Fire detectors Local Central
Are each unit and all common areas equipped with hard wired smoke detectors with battery backup: Yes No
Is there emergency lighting in common areas: Yes No Are there dead bolt locks in units: Yes No
Is there a fire extinguisher in units & common areas: Yes No Are there pull stations in the hallways/stairways: Yes No

Indicate number of fire walls or fire divisions per building, and indicate the number of units within:
Do fire walls penetrate the roof: Yes No
Describe second means of emergency exit: _____
Describe any mercantile occupancy at the location: _____

Are all locks re-keyed for all new occupants: Yes No Is there a security guard on premises: Yes No
Does security personnel carry a firearm: Yes No Is security service part time or 24 hour? N/A
Is there a superintendent or manager that resides on premises: Y N Is super/manager also the owner: Yes No
Does the lease or Condo bylaws require the tenants to carry their own liability insurance: Yes No

If yes, what limits are required: _____



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SUBMISSION MUST INCLUDE CONDOMINIUM ASSOCIATION BYLAWS, CONDOMINIUM ARTICLES OF INCORPORATION, INITIAL OFFERING DOCUMENTS, FOUR YEAR CURRENT VALUED LOSS RUNS, AND READABLE SITE PLAN INCLUDING DISTANCE BETWEEN BUILDINGS

Do the condo bylaws require the unit owner to carry their own property insurance: [] Yes [] No [] N/A
Has the insured granted a waiver of subrogation to any tenants: [] Yes [] No
Are contractors used for snow removal / landscaping: [] Yes [] No
If yes, who: Are certificates obtained: [] Yes [] No
Is our insured named on contractors policy as additional insured: [] Yes [] No
Do you require minimal limits of liability on contractor's policy: [] Yes [] No If yes, what are those limits:
Is there a pool on premises: [] Yes [] No If yes, how many: 0 [] N/A Is there a diving board or slide: [] Yes [] No [] N/A
Is lifesaving equipment present poolside: [] Yes [] No [] N/A Is pool fenced with a self-closing gate: [] Yes [] No [] N/A
Is pool depth clearly marked: [] Yes [] No [] N/A Is area around pool made of non-skid surfaces: [] Yes [] No [] N/A
Are there any ponds of other bodies of water on premises: [] Yes [] No
If yes, is there fencing surrounding the pond or body of water on the premises: [] Yes [] No [] N/A
Are there charcoal or gas grills on balconies and patios: [] Yes [] No
Does insured have a rule that disallows for charcoal or gas grills on premises: [] Yes [] No
Are there any wood burning stoves on the premises: [] Yes [] No Are there any fireplaces in living units: [] Yes [] No
If yes, does insured have an annual written policy to inspect each and every fireplace on premises: [] Yes [] No [] N/A
If yes, does insured have a written policy that requires annual cleaning of chimneys: [] Yes [] No [] N/A

February 27, 2011

Date

Signature