

Supplemental Application – Apartments & Condominiums

Applicant Name: _____	Date: _____
Location Address: _____	
Web Site: _____	

Business Information:

Years experience of mgmt. at this location: _____ Total years experience in this industry: _____
 Any prior bankruptcies or liquidations? Yes No Describe: _____

Premises Information:

Number of buildings at this location: _____ Minimum distance between buildings: _____
 Number of stories: _____
 When were updates for: - Electricity: _____ Partial or complete? _____
 - Plumbing: _____ Partial or complete? _____
 - Roofing: _____ Partial or complete? _____
 - HVAC: _____ Partial or complete? _____
 What is the occupancy rate? _____ Percentage owner occupied: _____

Occupancy (percentages):	<u>Elderly</u>	<u>Subsidized</u>	<u>Low Income</u>	<u>Students</u>
	_____	_____	_____	_____

Are buildings sprinklered? Yes No Percentage: _____
 Resident Manager at this location? Yes No
 Any short-term rentals? Yes No Describe: _____
 Are there smoke detectors? Yes No Hard wired or battery operated? _____
 Are there fire alarms? Yes No Central station, local or pull alarms? _____
 Is there aluminum wiring on premises? Yes No Describe: _____
 Is the aluminum wiring repaired? Yes No Describe: _____

Clearly marked fire exits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Secondary means of egress on each floor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency lighting in common areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Fireplaces in units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Dead bolt locks on doors to units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are the locks re-keyed after occupancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there elevators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have an agreement with elevator company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a parking lot located on premises?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the parking lot owned, operated & maintained by applicant?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What is the size of the parking lot?	_____				

Pools: Check here if no Pools

How many swimming pools?	_____			
Are there any hot tubs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there an automatic shut-off?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do pools have self-latching doors or gates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there any diving boards or slides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Are there life guards on duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How often?	_____
Is there rescue equipment such as a ring buoy, shepherds hook or pole?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are pool depths adequately marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are pool chemicals properly stored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Recreational Facilities: Check here if no Recreational Facilities

Is there a playground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there any lakes, ponds or boat slips?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Are there any exercise facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Are there any daycare services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Are there any tennis, basketball or racquetball courts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Are there any saunas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____
Are there any recreational equipment rentals/checkouts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:	_____

Security:

- Are there any employee security guards? Yes No Are they armed? _____
- Are there any third-party security guards? Yes No Are they armed? _____
- Are there any off-duty uniformed policemen? Yes No Are they armed? _____
- Are there any weapons on premises? Yes No Describe: _____

Representation & Warranty Statement:

I have read this Application and I represent that all of the foregoing statements are true and accurate and that these statements are offered as the basis upon which Apex is considering issuance of an insurance policy. Any missing or erroneous information in this Application may jeopardize coverage in the event of a claim under any policy issued by Apex.

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant: _____ **Title:** _____ **Date:** _____