

WELLINGTON SPECIALTY INSURANCE COMPANY

APARTMENT APPLICATION

Wellington
Specialty
Insurance Company



Applicant's Name: _____

Agent's Name: _____

Mailing Address: _____

Producer Name: _____

Website Address: _____

Property Locations:

(Location Name, Street Address)

1. _____

2. _____

3. _____

4. _____

A. FIRE PROTECTION

1. Sprinklered? _____
_____ all units _____ common areas
2. Smoke Detectors in each unit? _____ Hallways leading to bedroom? _____
_____ Hard Wired or Battery?
3. Fire Extinguisher in common areas? _____ In each unit? _____

B. SECURITY

Is Security Provided? Yes No Type: ___ Patrol ___ Gated Access ___ Alarm System

1. If Patrol, please answer the following:
 - a. Armed or Unarmed? _____
 - b. Days of the week? _____
 - c. Independent Contractor? _____
if independent, do they provide certificate of insurance naming insured as Additional Insured and carry GL equal to or higher than the insured's? _____
 - d. If employee, what is payroll? _____
2. If Gated, please answer the following:
 - a. How is access obtained? _____
 - b. Who is given access? _____
3. If alarm systems are provided, please provide the following:
 - a. Are alarm systems in every unit? _____
 - b. Who monitors the alarms? _____

C. SWIMMING POOLS

Loc #s _____

Diving boards? Yes No If yes, height: _____ Depth of Water: _____

Slides? Yes No If yes, height: _____ Depth of Water: _____

Underwater Lighting: Yes No

Steps into shallow end with handrails? Yes No

1. Is the pool area completely surrounded by building walls or fence? Yes No

If yes, what height? _____

2. Are gates or doors opening into the pool area equipped with a self-latching device? Yes No

3. Are the depth markings clearly shown? Yes No

4. Are warning signs and rules posted and clearly visible? Yes No

5. Is rescue equipment, including a ring buoy and shepherd's hook available at poolside? Yes No

6. Are lifeguards provided by applicant or outside lifeguard co.? No Applicant Lifeguard Co.

D. OTHER RECREATIONAL EXPOSURES

Number of:

Playgrounds _____ Tennis Courts _____ Racquetball Courts _____ Basketball Courts _____

Volleyball Courts _____ Acres or Lake/Ponds _____ Boat Slips _____

Other _____

E. RENNOVATIONS / MOST RECENT UPDATE

Year & Type of Update	Loc #1	Loc#2	Loc#3	Loc#4
Roof				
Plumbing				
HVAC				
Electrical				
Other				

If there has been any water damage claims within the past 5 years, has the insured taken protective safeguards to ensure this does not happen again? Yes No

If yes, please describe: _____

* Use alpha code listed for type of occupancy

- A – Apartment Bldg
- B – Garden Apartment
- C – Apartment Hotel or Time Share

F. DESCRIPTION OF LOCATIONS

	Loc #1	Loc#2	Loc#3	Loc#4
Years owned by insured				
*Type of occupancy				
Type of construction				
Year Built				
Number of Stories				
Number of total units				
Number of buildings				
Number of elevators in bldg.				
If present, maintenance agreement?				
Total square feet				
Manager on premise?				
Monthly rent per unit: 1BR				
2BR				
3BR				
4BR				
% of units subsidized				
% of student renters				
Copper or Aluminum wiring				
Fire walls separating buildings				
Any wood shake shingle roofs?				
% of occupied units				
Protection class				
Retirement/elderly facility? Yes/No				
If yes, is medical assistance offered?				
If yes, are emergency pull cords?				

Fraud Wording

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning fact material thereto commit a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant Signature: _____ **Date:** _____

Producer Signature: _____ **Date:** _____