



Apartment Building Program Supplemental Application

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|-------------------|--|----------------------|--|
| Named Insured: | | | |
| Location Address: | | | |
| Roof Update Year | | HVAC Update Year | |
| Roof Type | | Plumbing Update Year | |
| Elec. Update Year | | | |

* An additional charge/credit will be made for any discrepancy in Square footage or # of units discovered as the result of our site inspection.

| | Yes | No |
|--|-----|----|
| Smoke detectors? Battery Hardwired | | |
| If battery detectors, do you have a maintenance procedure? | | |
| Local fire annunciator panel or central station fire alarm? | | |
| Is there a pool and/or jacuzzi? | | |
| If so, how many? Pool Jacuzzi | | |
| If pool, is there a diving board? | | |
| Are depth markers clearly visible? | | |
| Is pool and/or jacuzzi fenced with a self-latching gate? | | |
| Playground? | | |
| Additional recreational facilities? Type: how many? | | |
| Laundry room? | | |
| Is Laundry facility equipment leased? If yes, provide certificates of insurance. | | |
| Aluminum wiring? | | |
| Circuit breakers? | | |
| Is there asbestos present in any building? | | |
| Copper plumbing throughout? | | |
| HVAC under maintenance contract? | | |
| Any wood shake roofing or mansards? | | |
| Any wood shake siding? | | |
| Is the Property occupied on a seasonal basis or partially vacant? | | |
| If yes, how many months occupancy per year or percent vacancy rate? | | |
| Any marinas, marina operations or boat slips? | | |
| Any ponds, lakes, streams or other body of water on premises? | | |
| Is it fenced? | | |
| Is the property required to carry flood insurance? | | |
| Any parking? | | |

| | | |
|--|--|--|
| Type: Sq. ft. | | |
| Service contract for fire protection equipment on the property? | | |
| Any senior housing or assisted living? | | |
| If so, what percentage? | | |
| Any student housing? | | |
| If so, what percentage? | | |
| Any HUD, section 8 or assisted or subsidized rentals? | | |
| Type? | | |
| If so, what percentage? | | |
| Any commercial cooking and/or community eating areas? | | |
| If yes, do they have a dry ansul system over the entire cooking area and is it on a service contract (minimum of quarterly)? | | |
| Is there a manual shut off installed? | | |
| How often are the hoods and duct cleaned? | | |
| How often are the grease filters cleaned? | | |
| Do they have a deep fat fryer? | | |
| If yes, does it have a high temperature switch? | | |
| Any childcare operations? | | |
| Any Armed security services? | | |
| Any onsite medical staff and/or nurse or nurse aide? | | |
| Any onsite storage of chemicals or hazardous materials? | | |
| Fire extinguishers? | | |
| Fully sprinklered? | | |
| If yes, does the sprinkler system contain earthquake bracing? | | |
| Bars on windows? If so, what rooms? | | |
| If so, are they equipped with emergency breakaway release mechanisms? | | |
| Bars on doors? | | |
| If there are railings, what is the spacing between the rails? | | |
| Does property meet all local zoning codes? | | |

Signature

(Owner/Insured/Applicant): _____

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: Substantial] civil penalties, (not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, Insurance benefits may also be denied).