



RESIDENTIAL PROPERTY APPLICATION SUPPLEMENTAL

Named Insured/Applicant: _____

Location:	1. _____
	2. _____
	3. _____
	4. _____
	5. _____

GENERAL INFORMATION - Where appropriate, use Y (Yes) or N (No)

	Location 1	Location 2	Location 3	Location 4	Location 5
Number of stories					
Number of units					
Number of vacant units					
Number of means of egress					
All exists are marked with EXIT sign?					
Percent sprinklered					
Describe areas not sprinklered. <i>(Note Loc # next to description)</i>					
Year built					
Describe property/premises updates. <i>(Note Loc # next to description)</i>					
Current renovations?					
If yes, cost/type of renovations <i>(Note Loc # next to description)</i>					
Years owned					
Any EIFS or DEFS siding?					
Is there a parking lot?					
Is there a property manager?					
Owner/manager lives on premises?					
Percent rented as:					
Section 8 or subsidized housing					
Student housing					

1. Are there any outstanding municipal code violations? Yes No
 If yes, explain: _____

2. Are references checked on rental applicants? Yes No
3. Are there any mercantile occupants? Yes No
 If yes, explain and provide square footage: _____

4. Are there sponsored events? Yes No
 If yes, indicate type: _____

5. Do any fraternities or sororities reside in any of the locations? Yes No
6. Do any locations provide assisted living facilities? Yes No
7. Do any locations provide nursing and/or convalescent services? Yes No
8. Do any locations provide elderly housing? Yes No
 If yes, describe services provided: _____

PROPERTY COVERAGE INFORMATION

In accordance with applicable building codes:	Yes	No	N/A
1. Are heat and smoke detectors in all units? If battery operated, are batteries replaced at least every 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there fire extinguishers on premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a central station fire alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are barbecue grills allowed on outside balconies or decks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL LIABILITY INFORMATION

In accordance with applicable building codes:	Yes	No	N/A
1. Are sidewalks, driveways and parking lots regularly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If subcontractors perform renovations, janitorial, lawn care, snow removal and/or other maintenance services:			
a. Are certificates of insurance on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the applicant named as an additional insured on their policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are coverage and limits equal to or greater than applicant's policy limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is there a hold harmless agreement in favor of applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there emergency lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Recreational Facilities: Where appropriate, use Y (Yes) or N (No)			

	Location 1	Location 2	Location 3	Location 4	Location 5
Swimming Pools					
Number of pools					
Is pool indoor or outdoor?					
Is there a self-closing gate/door?					
Is there a self-latching closure mechanism?					
Is there a lifeguard?					
Is there a diving board?					
Is there a slide?					
Is the pool fenced from all units?					
Is the fence at least 4' in height?					
Does the pool have depth markers?					
Is there lifesaving equipment in place?					
Hours of operation					
Is fence locked when pool is closed?					
Is the pool/spa in compliance with Virginia Graeme Baker Pool and Spa Safety Act?					
Playground Equipment					
Type of surface below playground					
Age of equipment					
Is equipment regularly inspected?					
Exercise Facilities					
Age of equipment					
Is there a tanning bed?					
Is equipment regularly maintained?					
Are rules posted?					

	Location 1	Location 2	Location 3	Location 4	Location 5
Is exercise facility secured?					
Describe access to facility. (Note Loc # next to description)					

5. **Other Exposures:** Advise number, miles, acres or square feet, as indicated:

Baseball field	_____	Ice skating	_____	Shooting range	_____
Basketball court	_____	Lake/Pond (acres)	_____	Stable	_____
Beaches	_____	Park (acres)	_____	Street/Road	_____
Bike trail (miles)	_____	Racquetball court	_____	Tennis court	_____
Boat dock/slip	_____	Sauna	_____	Whirlpool	_____
Clubhouse/Partyroom (Sq. ft.)	_____				

Other (describe): _____

Are any of these facilities/exposures available to the outside public (other than guests of residents) for use?

Yes No

If yes, describe: _____

SECURITY

1. Is security provided? Yes No

If yes, type: Patrol Gated/Property Access Alarm Systems Security Cameras Locks

2. Does the lease/rental agreement make any warranties with regard to security? Yes No

If yes, explain: _____

Complete only the sections that apply. Where appropriate, use Y (Yes) or N (No)

	Location 1	Location 2	Location 3	Location 4	Location 5
Patrol					
Are security guards armed?					
Indicate if guards are employees or independent contractors.					
If independent contractors, are certificates of insurance required?					
Is the applicant named as an additional insured on their policy?					
Is security 24 hours?					
Gated/Property Access					
Is the property fenced/gated?					
Is the building entrance secured?					
Alarm Systems					
Are alarm systems in every unit?					
Indicate if alarms are central station or locally monitored.					
Security Cameras					
Is there a security camera system?					
Are common areas and parking facilities lighted?					
Window and Door Locks					
Do sliding doors have additional locks?					
Are dead bolts on entry doors?					
Are viewing windows in front doors?					
Do windows have locks/bars?					
Are there dead bolts on the doors?					

HISTORY

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1. Have you declared bankruptcy (Chapters 7, 11 or 13) within the last 5 years? Yes No
 2. Have you had any prior losses due to mold? Yes No
- If yes, explain:
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3. Describe all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 years. (Include dates and final payout, or if not closed, current reserve amount.)
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COVERAGES

1. Does the applicant desire Assault or Battery Coverage? Yes No If yes:
 - a. Have there been or are there currently any allegations, incidents, losses or claims for assault or battery? Yes No
If yes, provide details:
 - b. Liability Limits requested:
 2. Does the applicant desire Abuse or Molestation Coverage? Yes No If yes:
 - a. Do you or someone you hire supervise or care for children, disabled or elderly? Yes No
 - b. Has the facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? Yes No
 - c. Have you or any employee, volunteer or other person working for you ever been arrested or convicted of a crime? Yes No
 - d. Do you perform background checks on all employees/volunteers? Yes No
 - e. Are there written policies and procedures for the prevention of abuse and molestation? Yes No
 - f. Has any facility that applicant has been associated with in the past ever had any incidents occur or claims brought against it while applicant was there? Yes No
 - g. Liability Limits requested:
-

If "Yes" to any questions above, provide details:

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Refer to the Core Application for all Fraud Statements.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Agent Name and Address		
