



Apartment, Condominium, Dwelling & Townhouse Commercial Application

Agency Name: _____ SIU Producer # : _____

Company Name: _____ Effective Date: _____

DBA: _____

Business Phone: _____ Cell: _____ Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

PROPERTY LOCATIONS: (Location Name, Street Address, City, County, State, Zip Code)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

FIRE PROTECTION

- 1 Sprinklered? _____ All Units? _____ Common Areas Only? _____
- 2 Smoke Detectors in each unit? _____ Hard Wired or Battery? _____
- 3 Hallway leading to bedroom? _____
- 4 Fire Extinguishers in common areas? _____ In each unit? _____
- 5 Average number of feet separation between buildings? _____

DESCRIPTION OF LOCATIONS

	Loc-1	Loc-2	Loc-3	Loc-4	Loc-5
Years owned by insured	_____	_____	_____	_____	_____
Type of construction	_____	_____	_____	_____	_____
Year built	_____	_____	_____	_____	_____
Number of stories	_____	_____	_____	_____	_____
Total square feet	_____	_____	_____	_____	_____
Monthly rent per unit:	_____	_____	_____	_____	_____
Number of Families: (1, 2, 3, 4)	_____	_____	_____	_____	_____

COVERAGE LIMITS

Property coverage amount	_____	_____	_____	_____	_____
Valuation (Replacement (RC) or (ACV))	_____	_____	_____	_____	_____
Coinurance	80%	80%	80%	80%	80%
Deductible (min \$1,000)	_____	_____	_____	_____	_____
Cause of Loss (Special or Broad)	_____	_____	_____	_____	_____
Liability Limit	_____	_____	_____	_____	_____
Med Pay	_____	_____	_____	_____	_____

RENTAL PROPERTIES

Unit subsidized housing:	_____	_____	_____	_____	_____
Student renters %:	_____	_____	_____	_____	_____
Copper or aluminum wiring?	_____	_____	_____	_____	_____
Fire walls separating buildings?	_____	_____	_____	_____	_____

	Loc-1	Loc-2	Loc-3	Loc-4	Loc-5
Roof type?	_____	_____	_____	_____	_____
Percentage occupied?	_____	_____	_____	_____	_____
Protection class	_____	_____	_____	_____	_____
Electrical Panel Twist Fuses (Y or N)	_____	_____	_____	_____	_____
Is bldg. a retirement/elderly facility?	_____	_____	_____	_____	_____
If Yes Any medical assistance offered?	_____	_____	_____	_____	_____
If Yes Any emergency pull cords?	_____	_____	_____	_____	_____
Is bldg. an assisted living facility?	_____	_____	_____	_____	_____
If > 3 stories are interior stairways equipped with self closing/locking fire doors on each floor?	_____	_____	_____	_____	_____

RENOVATIONS

(Year of latest update)

	Loc-1	Loc-2	Loc-3	Loc-4	Loc-5
Roof	_____	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____	_____
HVAC	_____	_____	_____	_____	_____
Electric	_____	_____	_____	_____	_____

If there have been any water damage claims within the past 3 years - has the insured taken protective safeguards to ensure this does not happen again? _____ If yes - please describe: _____

OTHER RECREATIONAL EXPOSURES, NUMBER OF:

Playgrounds _____ Tennis Courts? _____ Racquetball courts _____ Basketball Courts _____ Pool _____
 Volleyball courts _____ Baseball fields? _____ Acres of lakes/ponds _____ Boat slips _____
 Other: _____

Loss History

Any Property and or Liability Losses: Yes No If yes, give details below.

Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____
 Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____
 Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____

Mortgagee

Additional Insured

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____



APARTMENT, CONDOMINIUM, DWELLING & TOWNHOUSE QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.
This questionnaire is not required if the building is less than 30 years old and being written in CIC.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any questions in the section below are answered "YES," you are not eligible for coverage.

1. Are barbeque grills allowed on outside balconies or decks? Yes No
2. Is the building a fraternity or sorority house? Yes No
3. Is the building in the process of or planning renovations in the next year? Yes No
(CSIC: GL may be eligible, submit for coverage consideration. Property may be eligible in either company but needs to be written on a builder's risk policy)
4. Is the annual vacancy rate greater than 20%? Yes No
5. Do you contract with or employ armed guard services? Yes No

If any questions in the section below are answered "NO," you are not eligible for coverage:

6. Are references checked on all applications? Yes No

GENERAL INFORMATION

1. Type of Property: Apartment Condominium
 Multi Family Dwelling(s) Single Family dwelling(s)
2. Does the owner or a manager live on the premises? Yes No
3. Are there any commercial occupants other than apartments? Yes No
 - a. What type of commercial occupants? Restaurant Mercantile Office
 - b. Is the area of all mercantile operations greater than 15% of the total building area? Yes No
4. What are the average monthly rents?

1 Bedroom:	\$ _____
2 Bedroom:	\$ _____
3 Bedroom:	\$ _____
5. Have you declared bankruptcy within the last 5 years? Yes No
6. Percent of total units for each of the following:
 - a. Student occupied? _____%
 - b. Subsidized or HUD? _____%
 - c. Senior housing? _____%
 - d. Vacant? _____%

OTHER EXPOSURES

- 1. Are security guards or a security patrol provided? Yes No
- 2. Is there a fitness center? Yes No
 - a. Is access limited to tenants only? Yes No
- 3. Is there a clubhouse or party room? Yes No
 - a. Is access limited to tenants only? Yes No
- 4. Number of playground equipment? _____
- 5. Number of swimming pools and hot tubs? _____

If any, complete the **Swimming Pool/Water Features Questionnaire - CGE 160.**

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature

Title

Date

Producer Signature

Date



Pool Questionnaire

SWIMMING POOLS – PROHIBITED CIRCUMSTANCES

If any of the questions below are answered "NO," this risk is not eligible for coverage.

- 1 Are "Swim at Your Own Risk" signs posted in all pool areas? Yes No
- 2 Are depth markings clearly posted on the edges of the pool? Yes No
- 3 Are "No Diving" signs clearly indicated at the shallow areas of the pool? Yes No
- 4 Is there fencing or barriers surrounding the pool area? Yes No
- 5 Is the height of the fence or barrier at least 4 feet? Yes No
- 6 Are there self-closing and latching gates to the pool area? Yes No
- 7 If lifeguards are present, are all lifeguards certified? Yes No
- 8 If no lifeguards are present, are signs posted stating "NO Lifeguard on duty" Yes No
- 9 Is life saving equipment available at all times, even when pool is closed? Yes No
- 10 Are surfaces surrounding the pool made of non-slip or skid resistant material? Yes No
- 11 Are all pool chemicals locked in a secure area inaccessible to participants? Yes No

SWIMMING POOLS – GENERAL INFORMATION

- 1 Total number of pools? _____
- 2 Total number of hot tubs/spas? _____
- 3 Is pool cover installed during off season? Yes No
- 4 Is the pool electrical system protected by *GFIC* breakers? Yes No
- 4 Has the pools electrical system been inspected by a licensed electrical within the last three years? Yes No
- 5 Are there water slides? Yes No
- 6 Is the swimming pool open later than 10 PM? Yes No
- 7 Is the pool available for use less than 6 months of the year? Yes No
- 8 Do you have any diving boards or platforms taller than 3 feet (or 1 meter)? Yes No
- 9 Are there any Lakes-Beaches-Ponds... Yes No

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