



# APARTMENT SUPPLEMENT

(Include Acord Applications)

Applicant/Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Policy Number: \_\_\_\_\_

1. **Contact Person** (Owner/Manager): \_\_\_\_\_ Phone: \_\_\_\_\_

2. **Location street address, city, county, state and zip code** (if more than 4 locations, attach separate schedule):

Location #1: \_\_\_\_\_

Location #2: \_\_\_\_\_

Location #3: \_\_\_\_\_

Location #4: \_\_\_\_\_

### 3. Occupancy

a. Type of Risk:  Condominiums  Townhomes  Apartment Building  
 Hotel / Motel (Receipts: \$ \_\_\_\_\_ )

b. Is this a master condo association?  Yes  No

c. Is this part of a master condo association?  Yes  No

### 4. Fire Protection and Security Information

a. Sprinkler system  Common areas  Trash chutes  All units  100%

b. Working standpipes/hoses on every floor?  Yes  No

c. Central station fire alarm?  Yes  No

d. Smoke detectors in each living unit?  Yes  No If yes, select type:  Battery  Hardwired

e. Fire Extinguishers: In each unit?  Yes  No In common areas?  Yes  No

f. Separation between buildings?  Yes  No If yes, distance between buildings: \_\_\_\_\_

g. Is security provided?  Yes  No If yes,  Patrol  Gated Access  Alarm System

24-hour security?  Yes  No

Type of security personnel:  Armed  Unarmed

Employee Payroll: \$ \_\_\_\_\_

Independent/Contracted Cost: \$ \_\_\_\_\_

If security is Independent/Contracted, are certificates required?  Yes  No

h. If gated, is the entire complex fenced?  Yes  No

How is access obtained? \_\_\_\_\_

Who is given access? \_\_\_\_\_

i. If alarm system, who monitors the system? \_\_\_\_\_

Are alarm systems in every unit?  Yes  No

**5. General Information**

- a. Number of bedrooms (check all applicable):  1  2  3  Other: \_\_\_\_\_
- b. Monthly rent per unit: \_\_\_\_\_
- c. Peep holes in each unit door?  Yes  No
- d. Dead bolts in each unit door?  Yes  No
- e. Non-slip surface in all tub/shower areas?  Yes  No
- f. Electric door with card key system used?  Yes  No
- g. If multiple buildings, what is the separation between buildings? \_\_\_\_\_ feet
- h. Type of roofing:  Asphalt  Composition  Wood shake/shingle  Other: \_\_\_\_\_
- i. If there have been any water damage claims within the past three (3) years, has the insured taken protective safeguards to ensure this doesn't happen again?  Yes  No  
If yes, describe: \_\_\_\_\_
- j. Has applicant received any claims for wrongful eviction in the past five (5) years?  Yes  No  
If yes, how many of these claims were paid? \_\_\_\_\_ Provide details: \_\_\_\_\_  
\_\_\_\_\_
- k. Does applicant own or have maintenance responsibility for any streets or roads?  Yes  No  
If yes, # of miles: \_\_\_\_\_
- l. Are any streets and/or roads used by public as through streets?  Yes  No  
If yes, maximum posted speed limit: \_\_\_\_\_ mph
- m. Does applicant own or operate any of the following:
- |                                       |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| Electric utility?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gas utility?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sewer utility?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water utility?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refuse or garbage dump (or landfill)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Garbage or refuse collection?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- Other: \_\_\_\_\_
- n. Does applicant own, operate or lease any commercial operations?
- |                         |                              |                             |                            |                       |
|-------------------------|------------------------------|-----------------------------|----------------------------|-----------------------|
| Laundry / Dry Cleaning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, Sq. Footage: _____ | or Gross Sales: _____ |
| Convenience Store?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, Sq. Footage: _____ | or Gross Sales: _____ |
| Restaurant?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, Sq. Footage: _____ | or Gross Sales: _____ |
| Other? _____            |                              |                             | Sq. Footage: _____         | or Gross Sales: _____ |
- o. Is there onsite valet parking?  Yes  No  
If yes, type of valet staff:  Employees  Outside Firm \*

\* If Outside Firm, a Certificate of Insurance naming applicant as an Additional Insured must be provided.

**6. Recreational Facilities**

- a. Are there lakes on the property?  Yes  No If yes, provide total acreage: \_\_\_\_\_
- Boat ramps?  Yes  No If yes, provide receipts: \_\_\_\_\_
- Boat docks/slips?  Yes  No If yes, # of slips: \_\_\_\_\_
- Boat rentals?  Yes  No If yes, # of boats: \_\_\_\_\_ Receipts: \_\_\_\_\_
- Powered boats allowed on lake?  Yes  No
- Personal watercraft allowed on lake?  Yes  No
- Diving platforms (permanent or floating)?  Yes  No

Provide details of all boat rentals: \_\_\_\_\_

List permitted lake activities: \_\_\_\_\_

- b. Any dams?  Yes  No  
If yes, provide inspection report and pictures of dam (include downstream exposure).
- c. Any bike paths?  Yes  No If yes, # of miles: \_\_\_\_\_
- d. Any motorcycle or ATV trails?  Yes  No If yes, # of miles: \_\_\_\_\_
- e. Any club houses?  Yes  No If yes, total square footage: \_\_\_\_\_
- f. Any exercise or weight rooms?  Yes  No If yes, # of rooms: \_\_\_\_\_
- h. Any picnic areas?  Yes  No If yes, # of areas: \_\_\_\_\_
- i. Any golf courses and/or driving range?  Yes  No If yes, provide details: \_\_\_\_\_

- j. Any horse:      Pasturing?  Yes  No      Rental?  Yes  No
- Stables?  Yes  No      Riding Ring?  Yes  No
- Trails?  Yes  No      If yes, miles of riding trails: \_\_\_\_\_

- k. Are there any swimming pools?  Yes  No **(If yes, answer the remaining questions in 6.k.)**
- Pool hours: \_\_\_\_\_
- How many pools? \_\_\_\_\_
- Diving boards?  Yes  No If yes, provide height: \_\_\_\_\_
- Slides?  Yes  No If yes, provide height: \_\_\_\_\_
- Underwater lighting?  Yes  No
- Steps into shallow end with handrails?  Yes  No
- Do pool(s) have sloped entry present?  Yes  No

Are any ADA lifts installed?  Yes  No

If yes:

Are lift(s):  Fixed or  Non-Fixed

Are special life jackets provided?  Yes  No

Who is responsible for operating lift? \_\_\_\_\_

Describe operator training and lift maintenance procedures: \_\_\_\_\_

If no ADA lift(s), do you have plans to install?  Yes  No

Is pool area completely surrounded by walls or fencing with self-closing / self-latching gate?  Yes  No

If yes, provide height of wall and/or fence: \_\_\_\_\_

Do any doors open directly into the pool area?  Yes  No

Are depth markings clearly shown?  Yes  No

Do drain covers meet or exceed all codes, Acts or regulations?  Yes  No

Are warning signs and rules posted in accordance with local statutes and clearly visible?  Yes  No

Is rescue equipment, including a ring buoy and 12 foot shepherd's hook, available at poolside?  Yes  No

Pool maintained by:  Applicant  Outside Contractor

Lifeguards provided by:  Applicant  Pool Management Company  Other \_\_\_\_\_

Does applicant sponsor: Swim teams?  Yes  No If yes, how many? \_\_\_\_\_

Swim contest?  Yes  No If yes, provide total # of days: \_\_\_\_\_

l. Number of: Basketball Courts: \_\_\_\_\_ Racquetball Courts: \_\_\_\_\_ Tennis Courts: \_\_\_\_\_  
Handball court rooms: \_\_\_\_\_ Playgrounds or parks: \_\_\_\_\_ Saunas: \_\_\_\_\_ Spas: \_\_\_\_\_

m. Are any of the previous recreational facilities (a. through l.) available to the public?  Yes  No

If yes, provide explanation and include receipts: \_\_\_\_\_

**7. Renovations and/or Recent Updates** (provide information on additional locations on separate page)

Type of Update	Year of Update or Renovation			
	Location #1	Location #2	Location #3	Location #4
Electric				
HVAC				
Plumbing				
Roof				
Other:				

**8. Description of Location(s)** (provide information on additional locations on separate page)

\* **Occupancy Type:** **A** = Apartment Building **F** = Condominiums  
**B** = Garden Apartments **G** = Townhomes  
**C** = Apartment – Hotel / Timeshare **H** = HOA  
**D** = Boarding or Rooming House  
**E** = Fraternity / Sorority House

\*\* **Construction type:** **F** = Frame (including corrugated metal, stucco & non-combustible) **JM** = Joisted Masonry / Brick  
**MFR/FR** = Modified Fire Resistive / Fire Resistive **MNC** = Masonry Non-Combustible

Description	Location #1	Location #2	Location #3	Location #4
Years owned by insured				
Occupancy type * (see list above)				
Construction type ** (see list above)				
Year built				
# of stories				
# of total units / buildings	/	/	/	/
# of units owned by developer				
Total square feet				
Is manager on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly rent charged (low – high)	\$ to \$	\$ to \$	\$ to \$	\$ to \$
% of units owner-occupied				
% of units vacant				
% long term (more than 30 days)				
% short term (less than 30 days)				
Who handles rentals? <b>A</b> = Association, <b>U</b> = Unit Owner	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:
Does association receive rental revenue? If yes, provide annual revenue	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
% of units rented to others				
% of units subsidized				
% of units rent-controlled				
% of student renters				
Is location a retirement and/or elderly facility? If yes, is medical assistance offered? Any emergency pull cords or buttons?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Is location an assisted living facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wiring type: <b>C</b> opper, <b>A</b> luminum, <b>P</b> igtailed	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P
Do fire walls separate buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If > 3 stories, are interior stairways equipped with self closing/locking fire doors on each floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of heating system				
If space/portable heating: is it UL electric, Kerosene, vented gas or unvented gas?				
Any wood burning stoves or fireplaces? If yes, date of last inspection/cleaning:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is location on historical register (local, county, state, national)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any carports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any fences?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection class:				

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**NOTICE TO APPLICANTS (EXCEPT CO & NY):**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

\_\_\_\_\_  
Applicant Name                      Applicant Signature                      Date

\_\_\_\_\_  
Producer Name                      Producer Signature                      Date