

APARTMENT QUESTIONNAIRE

Applicant Name:

Mailing Address:

Property Name and Address:

Agent's Name

Mailing Address:

Proposed Effective Date:
 From: 12:01 A.M, Standard Time at the address of the Applicant
 To:

1) Interest in Property: Owner Manager

If Owner, Name of Property Management Firm:

Is the Property Management Firm required to maintain Commercial General Liability Insurance with minimum \$1,000,000 limits and to include you as an Additional Insurance? YES NO

2) Year you first owned or managed the property:

- | | | | |
|----------------------------|----------------------|------------------------|----------------------|
| 3) Age of Building (s) | <input type="text"/> | 4) Age of Roof: | <input type="text"/> |
| 5) Number of Stories: | <input type="text"/> | 6) Number of Units | <input type="text"/> |
| 7) Percentage Occupied: | <input type="text"/> | 8) Percentage Students | <input type="text"/> |
| 9) Percentage Subsidized | <input type="text"/> | 10) Percentage Elderly | <input type="text"/> |
| 11) Construction | <input type="text"/> | 12) Protection Class | <input type="text"/> |
| 13) Percentage Sprinklered | <input type="text"/> | | |

14) <u>Types of Systems (Electric/Gas/Steam/Other):</u>	Date of Last Maintenance	(records on file):
Heating	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
Air Conditioning	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
Water Heater	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
Boiler	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO

15) Building Wiring: Copper Aluminum - If aluminum, is wiring pigtailed or COALR? YES NO

16) Smoke Alarms: Hardwired Battery

If hardwired, are the alarms tied to a central station? YES NO

If battery, is there a written procedure for routine inspection and replacement? YES NO

Details?

17) Other Fire Safety Systems (if any):

18) Is the complex in compliance with all applicable state and local statutes governing safety devices? YES NO

19) Is the complex demastered? YES NO

If no, who has access to the key system and what are the procedures for protecting the master key?

20) Are keys coded and adequately protected? YES NO

21) Are all units re-keyed prior to leasing to new tenants? YES NO

22) Are individual unit doors secured by double locks and peep holes? YES NO

23) Does the complex have limited access perimeter fencing? YES NO

24) Are all areas of the complex covered by security lighting? YES NO

25) Do you contract with a security guard service for onsite security? YES NO

If yes, is the service required to maintain CGL insurance with minimum \$1,000,000 limits and to include you as an Additional Insured?

YES NO

26) Do you perform police background checks on all employees? YES NO

If yes, what is your criteria for declining or discontinuing employment?

27) Do you have written procedures for notifying tenants of any known or suspected criminal activity in the complex or in the vicinity of the complex with records retained for at least two years? YES NO

Description?

28) Do you have a written procedure for responding to tenant complaints concerning safety-related issues with records retained for at least two years? YES NO

Description?

29) Do you have a full time maintenance staff? YES NO
 If yes, do you have written procedures for inspecting and maintaining building systems and for maintaining written records of such work? YES NO

30) Do you hire contractors to perform building and/or site maintenance such as systems inspection and and repair, snow and ice removal, landscaping, etc.? YES NO
 If yes, please provide details:
 If yes, are contractors required to maintain CGL insurance with minimum \$1,000,000 limits and to include you as Additional Insured? YES NO
 If no, please explain

31) Do you have written procedures for responding to tenant complaints concerning building, property or systems-related issues with records retained for two years? YES NO
 Description?

32) Swimming Pools:

Number <input style="width: 100px; height: 20px;" type="text"/>	Height of Diving Boards: <input style="width: 100px; height: 20px;" type="text"/>
Pool Fenced <input type="radio"/> YES <input type="radio"/> NO	Length/Height of Slides: <input style="width: 100px; height: 20px;" type="text"/>
Gates Self-Latching <input type="radio"/> YES <input type="radio"/> NO	Fence Height: <input style="width: 100px; height: 20px;" type="text"/>
Lifeguard on Duty <input type="radio"/> YES <input type="radio"/> NO	Depth Markers Visible from Pool Deck <input type="radio"/> YES <input type="radio"/> NO
Frequency of Pool Water Inspections & Maintenance <input style="width: 100px; height: 20px;" type="text"/>	
Pool Hours: <input style="width: 100px; height: 20px;" type="text"/>	

33) Is a nursery or day care facility located in the building or complex? YES NO

34) Do you have written procedures prohibiting your employees from keeping dogs on or around the property? YES NO
 Does your lease agreement prohibit your tenants from keeping dogs on or around the property? YES NO
 If no to either question, please indicate the maximum weight limit allowed:

35) Do you directly or indirectly provide medical, food or transportation services to tenants? YES NO

36) Please describe other buildings, facilities or unusual hazards on the property such as unfenced water, fitness facilities, sports fields/courts or clubhouses used for events sponsored by you or rented to others:

37) Do you own or control parking facilities? YES NO

If yes, is access controlled? Please describe

38) Do you have written procedures for regular inspections of your premises to identify potential liability hazards and to assure all necessary corrections and repairs are made and are records of such inspections retained for at least two years? YES NO

Please describe

39) Has your insurance agent completed a physical inspection of the property within the last year? YES NO

If yes, please attach a copy

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application.

Any person who knowingly and with intent to defraud any insurance company or other 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Current Date

Title

If you prefer not to return application with an electronic signature, please print and sign below:

Signature of Applicant or Authorized Representative

Current Date:

Title