

APARTMENT QUESTIONNAIRE

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Property Name
and 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)

4) Age of Roof:

5) Number of Stories:

6) Number of Units

7) Percentage Occupied:

8) Percentage Students

9) Percentage Subsidized

10) Percentage Elderly

11) Construction

12) Protection Class

13) Percentage Sprinklered

14) Types of Systems (Electric/Gas/Steam/Other):

Date of Last (records on file):

Heating

YES NO

Air Conditioning

YES NO

Water Heater

YES NO

Boiler

YES NO

15) Building Wiring: Copper

Aluminum - If aluminum, is wiring pigtailed or COALR?

YES NO

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			Height of Diving Boards:		
Pool Fenced	YES	NO	Length/Height of Slides:		
Gates Self-Latching	YES	NO	Fence Height		
Lifeguard on Duty	YES	NO	Depth Markers Visible from Pool Deck	YES	NO
Frequency of Pool Water Inspections & Maintenance					
Pool Hours:					

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:

Title:

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