



APARTMENT APPLICATION

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:

Bankruptcy – Within the last 5 years, were there any pending or planned bankruptcies, or judgements for unpaid taxes against you, or your majority partner? Yes No

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 Insured? Yes No

2) Year you first owned or managed the property:

3) Age of Building(s):	Percentage Occupied:	%
Age of Roof:	Percentage Students:	%
Number of Units:	Percentage Subsidized:	%
Number of Stories:	Percentage Elderly:	%
Protection Class:	Percentage Sprinklered:	%
Construction:		

4) Types of Systems: Date of Last Inspection: (records on file):

Heating	Yes	No
Air Conditioning	Yes	No
Water Heater	Yes	No
Boiler	Yes	No

5) Building Wiring: Copper Aluminum
 If aluminum, is wiring pigtailed or COALR? Yes No

6) Smoke Alarms:	Hardwire	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? Details:		Yes	No
7) Other Fire Safety Systems (if any):			
8) Is the complex in compliance with all applicable state and local statutes governing safety devices?			
		Yes	No
9) 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?			
10) Are keys coded and adequately protected?			
		Yes	No
11) Are all units re-keyed prior to leasing to new tenants?			
		Yes	No
12) Are individual unit doors secured by double locks and peep holes?			
		Yes	No
13) Does the complex have limited access perimeter fencing?			
		Yes	No
14) Are all areas of the complex covered by security lighting?			
		Yes	No
15) Do you contract with a security guard service for onsite security?			
		Yes	No
16) Do you perform police background checks on all employees?			
		Yes	No
If Yes, what is your criteria for declining or discontinuing employment?			
17) 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 record retained for at least two years?			
		Yes	No
Description:			
18) 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:			
19) 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

- 20) Do you hire contractors to perform building and/or site maintenance such as systems inspection and repair, snow and ice removal, landscaping, etc.?
If Yes, please provide details: Yes No
- If yes, are contractors required to maintain CGL insurance with a minimum of \$1,000,000 limits and to include you as an Additional Insured?
If No, please explain: Yes No
- 21) Do you have written procedures for responding to tenant complaints concerning building, property or systems-related issues with records retained for two years?
Description: Yes No
- 22) Swimming Pools:
- | | | | |
|---|--------------------------|-----|----|
| Number: | Height of Diving Boards: | | |
| Length/Height of Slides: | Fence Height: | | |
| Pool Fenced | | Yes | No |
| Gates Self-Latching | | Yes | No |
| Lifeguard on Duty | | Yes | No |
| Depth Markers Visible from Pool Deck | | Yes | No |
| Frequency of Pool Water Inspection and Maintenance: | | | |
| Pool Hours: | | | |
- 23) Is a nursery or day care facility located in the building or complex? Yes No
- 24) 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:
- 25) Do you directly or indirectly provide medical, food or transportation services to tenants? Yes No
- 26) Please describe other buildings, facilities or unusual hazards on the property such as unfenced water, fitness facilities, sports fields/courts or clubhouse used for events sponsored by you or rented to others:

- | | | |
|---|-----|----|
| 27) Do you own or control parking facilities? | Yes | No |
| If Yes, is access controlled? | Yes | No |
| Describe: | | |
| | | |
| 28) 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: | | |
| | | |
| 29) Has your insurance agent completed a physical inspection of the property within the last year? | Yes | No |
| If Yes, please attach a copy. | | |

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: 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.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

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 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:

Date:

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