



Apartment Product Application – All States

Applicant's name: _____

How many individual units are there at this location? _____

Is any portion dedicated for commercial occupancy? Yes No
 If "Yes," what is the area dedicated for commercial occupancy? _____ sq.ft.
 Is this space: Occupied or Vacant
 Is this space: Operated by applicant or Leased to others

Are there any student residents at any location? Yes No (Not applicable in D.C.)
 If "Yes," the percentage of student residents at any location does not exceed 20% True False

Are there any subsidized residents at any location? Yes No (Not Applicable in CA, CT, DC, ME, MA, NJ, OR, UT, VT, WI)
 If "Yes," the percentage of subsidized residents at any location does not exceed 20% True False

Number of swimming pools _____ Number of playgrounds _____ Number of sports courts _____
 Is there a lake? Yes No If "Yes," how many acres? _____

Is there a full-time maintenance staff or superintendent on premises? Yes No
 Does the applicant utilize a real estate property manager? Yes No

ELIGIBILITY CRITERIA

1. No bankruptcies, tax or credit liens against the applicant in the past five years	True	False
2. Applicant is the owner of all properties	True	False
3. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri) If "False," advise reason _____	True	False
4. All development and construction operations are complete, no part is still in course of construction and no structural renovations are ongoing or planned during our policy term	True	False
5. No locations in which wood-burning stoves, space heaters or temporary heating devices are used or permitted for use	True	False
6. No boarding or rooming houses	True	False
7. All habitational units have functioning and operational carbon monoxide detection alarms if required by the law or code of authorities having jurisdiction where the building is located	True	False
8. No location with an age restrictive covenant	True	False
9. Occupancy is at least 70% occupied at each location (not applicable if location has been newly constructed or purchased by applicant – within the last 12 months)	True	False
10. No assisted living or group home facilities	True	False
11. No location is being converted into condominium units	True	False
12. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers	N/A	True
13. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring	N/A	True
14. A minimum of an initial 6-month lease is required for all new tenants	True	False
15. No tenants have been evicted from the premises in the past 6 months and no one is in the process of being evicted	True	False
16. Functioning and operational fire extinguishers located in all units	True	False

GENERAL LIABILITY

1. Are all buildings separated by a distance of 30'	True	False
2. No armed security guards	True	False

3. Applicant re-keys or will re-key all locks prior to leasing to new tenants (not applicable if rented on seasonal/timeshare basis)	N/A	True	False
4. Any building over three stories is equipped with a fully enclosed, fire protected stairwell or a fully functioning fire escape	N/A	True	False
5. Any security bars on windows are equipped with internal safety release mechanisms	N/A	True	False
6. All common areas and parking lots maintained free of debris		True	False
7. Swimming pools are completely surrounded by fence with a self-closing gate, depths are clearly marked, signs clearly posted, life safety equipment is readily available, with no diving boards	N/A	True	False
8. All common areas and parking lots lit at night	N/A	True	False
9. All exterior common doors, including exterior storage areas, are locked and secured from unauthorized entry	N/A	True	False
10. Is there an elevator on premises?	N/A	Yes	No
If yes is there an elevator maintenance agreement in place?		Yes	No

PROPERTY INFORMATION

- If you own the building and it is older than 15 years old, please complete the following:
 Age of roof _____yrs.
- Plumbing type: PVC Copper Lead Galvanized Other _____
- Any building over seven stories is 100% sprinklered N/A True False

OPTIONAL COVERAGES

- Assault & Battery N/A \$50,000/\$100,000 \$100,000/\$100,000
- Terrorism Yes No
- Water Back Up N/A \$25,000
- Hired and Non Owned Auto N/A Yes No

of employees N/A 0-25 26-100 101 or more

Cost to lease, hire or rent vehicles annually? _____

Does applicant run MVRs on all employees? N/A Yes No
- Employee Benefits Liability

Limits (each employee/aggregate) N/A \$25,000/ \$25,000 \$50,000/ \$50,000 \$100,000 /\$100,000

of employees _____ (full and part time employees)

Are all personnel who counsel employees familiar with the details of the insured's program? N/A Yes No

Are all programs in compliance with Cobra requirements? N/A Yes No

For optional employee benefits are rejections, either signed or electronic, required and kept on file? N/A Yes No
- Employee Dishonesty

Limits N/A \$25,000 \$50,000

Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? N/A Yes No

Is Countersignature Of Checks Required? N/A Yes No

If Not, Who Signs Controls? _____

Frequency of audits and by whom made? _____

Any losses within the last 5 years? _____

of employees- full and part time employees _____
- Ordinance or Law Coverage (Coverage A, B & C combined) N/A \$100,000 \$250,000 \$500,000

LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages		None, or provide detail below.		Description
Year	Status	Incurred		
_____	Open/Closed	\$ _____	_____	
_____	Open/Closed	\$ _____	_____	
_____	Open/Closed	\$ _____	_____	
Liability Coverages		None, or provide detail below.		Description
Year	Status	Incurred		
_____	Open/Closed	\$ _____	_____	
_____	Open/Closed	\$ _____	_____	
_____	Open/Closed	\$ _____	_____	

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M

ADDITIONAL APPLICANT INFORMATION

Inspection contact name: _____

Telephone/E-mail address: _____