

Apartment & Condominium

Supplemental Application

Named Insured: _____

Agent Name and Phone: _____ Effective Date: _____

1. Is there an automatic sprinkler system? Yes (if yes please answer questions (a)-(h)) No (if no please skip to question 2.)
 - (a) If yes, _____ % of the building is sprinklered?
 - (b) If less than 100% of the building is sprinklered, what portion is sprinklered? _____
 - (c) Age of sprinkler system: _____
 - (d) Type of sprinkler system Wet Dry Other (Describe) _____
 - (e) Was sprinkler installed for present occupancy? Unknown Yes No
 - (f) Name of company contracted to perform sprinkler system inspection, testing and maintenance. _____

- (g) How often is the sprinkler system maintenance and inspection performed? Yes No
 - Monthly Quarterly Semi Annually Annually
- (h) Are sprinkler alarms installed? Yes No
 - If yes Water Flow Valve Closure

2. Is there an emergency evacuation plan? Yes No
 - (a) Are there at least 2 emergency exits in the building(s)? Yes No
 - (b) Are there at least 2 enclosed stairwells in the building(s)? Yes No
 - (c) Is there emergency lighting in the building(s)? Yes No

3. How is smoke/fire detected:

<input type="checkbox"/> Battery Operated Smoke Detectors in All Units	<input type="checkbox"/> Manual Pull Station
<input type="checkbox"/> Hard Wire Smoke Detectors/Hallways and Common Areas	<input type="checkbox"/> Central Station Alarm
<input type="checkbox"/> Connected to Annunciator Panel	<input type="checkbox"/> Local Alarm

4. Does the building have self closing doors? Yes No
 - (a) If yes, they are in the Hallways and/or Individual Units

5. Are facilities building systems, equipment maintenance and overall facilities inspections performed? Yes No
 - (a) If yes, how? Scheduled As Needed Breakdown
 - (b) What areas are reviewed, and what is the year of last improvement or upgrade:

<input type="checkbox"/> Roof	_____ Frequency	_____ Year
<input type="checkbox"/> Electrical	_____ Frequency	_____ Year
<input type="checkbox"/> Plumbing	_____ Frequency	_____ Year
<input type="checkbox"/> HVAC	_____ Frequency	_____ Year
<input type="checkbox"/> Common Areas	_____ Frequency	
<input type="checkbox"/> Emergency Lighting	_____ Frequency	
<input type="checkbox"/> Exit Signs	_____ Frequency	

6. Are there wood shake shingles on the roof? Yes No

7. Is there aluminum siding on the building(s)? Yes No

8. Is tenant access automated and combined with other security systems? Yes No

9. Is there a Closed Circuit TV System? Yes No
 - (a) If yes, is it monitored 24 hours/day? Yes No

10. Is there a security staff on the premises? Yes No
 - (a) If yes, are they? Armed Unarmed

11. Is there a parking garage? If yes, Yes No
 - (a) How is it controlled? Guard Card Key No Controlled Access
 - (b) Is the garage: Above Ground Below Ground

12. If the area is subject to snow and ice accumulation, is there a formal snow/ice removal policy? N/A Yes No
13. Are any of the units senior, subsidized, students or rooming houses? Yes No
14. Are there fireplaces? If yes, Yes No
 Wood and/or Gas
15. Is there a written policy prohibiting grilling on balconies? N/A Yes No
16. Is there a swimming pool or pond? Yes No
 If yes check any of the following which may apply:
 Lifeguard on premises Diving board or slide
 Fully fenced Depth markers
 Jacuzzi Sauna
 Rules Posted
17. Is there a playground? Yes No
 (a) If yes, when was the equipment installed? Date _____
18. Do you have multiple buildings at any one location/complex? Yes No
 If yes:
 Number of Buildings _____ Number of Units/Building _____ Number of Stories _____
19. Building is occupied by:
 Owner _____% Tenants _____% Seasonal Tenants _____%
 Vacancy _____% Vacationers _____%
 (a) If tenants or seasonal tenants, what is the average rent? \$ _____
20. Does insured ever hire an independent contractor to perform maintenance, repair, or other construction work? Yes No
 (a) If yes, is there a standard written and signed contract between the business owner and contractor? If yes: Yes No
 (b) Does contract require the contractor to name the business owner as an additional insured for both operations and completed operations? Yes No
 (c) Does the contractor agree to indemnify and hold harmless the business owner? Yes No
 (d) Has the contractor provided a certificate with proof that the contractor has Workers Compensation and General Liability insurance with limits at \$1 million/\$1 million minimum? Yes No
21. Do you have a website? Yes No
 If yes, please provide URL: _____