

# RESIDENTIAL APARTMENT APPLICATION

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Property Name  
and Address : \_\_\_\_\_  
\_\_\_\_\_

Agents Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Proposed Effective Date:

From: \_\_\_\_\_ To: \_\_\_\_\_

12:01 A.M. Standard Time at the address of the Applicant

- 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): \_\_\_\_\_ 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 Maintenance  
(records on file): \_\_\_\_\_
- Heating \_\_\_\_\_  
Air Conditioning \_\_\_\_\_  
Water Heater \_\_\_\_\_  
Boiler \_\_\_\_\_
- 15) Building Wiring:  Copper  Aluminum If aluminum, is wiring pigtailed or COALR?  Yes  No
- 16) Smoke Alarms:  Hardwired  Battery  
If hardwired, are 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 Additional Insured?  Yes  No
- 26) Do you perform police background checks on all employees?  Yes  No If yes, what are 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

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- 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 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 at least 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 Inspection and 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.

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
DATE

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER, THE BROKER OR THE AGENT TO COMPLETE THE INSURANCE.