

Apartment Supplemental Application



AmTrust E&S Insurance Services
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____
Address: _____ City: _____ State: _____ Zip Code: _____
This Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other (describe): _____
Interest in property: ☐ Owned ☐ Managed Name of property management firm: _____

Section II – Description of Operations & Exposures

1. Please provide details for the following:

Age of Building	_____ %	Occupancy Rate	_____ %	Sprinklered:	_____ %
Number of Floors/Stories	_____ %	Average Monthly Rent/Unit	_____ %		
Number of Units/Rooms	_____ %	Construction	_____ %		

Section III – Swimming Pools/Playgrounds

1. Are there any pools on the premises? ☐ Yes ☐ No

If YES, number of pools: _____

2. If YES, please answer the following questions:

a. Are there controlled hours of operation & use? ☐ Yes ☐ No

b. Are all pools fenced with self-latching gates? Fence height: _____ ☐ Yes ☐ No

c. Are there diving boards? If YES, height of Diving Boards: _____ ☐ Yes ☐ No

d. Are there pool slides? If YES, height / length of slides: _____ ☐ Yes ☐ No

e. Are the depth markings clearly shown? ☐ Yes ☐ No

f. Are warning signs and rules posted and clearly visible? ☐ Yes ☐ No

g. Is rescue equipment, including ring buoy and shepherd's hook, available poolside? ☐ Yes ☐ No

3. Are lifeguards provided? ☐ Yes ☐ No

If YES, are lifeguards provided by: ☐ Applicant ☐ Pool Management Company

If provided by pool management company:

a. Are they required to list you as an additional insured on their general liability policy? ☐ Yes ☐ No

b. Are subcontractors required to carry limits equal to or greater than insured? ☐ Yes ☐ No

4. Are all swimming pools and hot tubs in compliance with the Virginia Graeme Baker Safety Act? ☐ Yes ☐ No

5. Is there a playground on the premises? ☐ Yes ☐ No

If YES, please describe equipment:

Section IV – Other Recreational Exposures

1. Does the Applicant offer any of the following recreational exposures? Please check all that apply and provide number of each.

☐ Baseball fields _____	☐ Clubhouse (sq. ft.) _____	☐ Sauna(s) _____
☐ Basketball courts _____	☐ Health Club/Fitness Center _____	☐ Spa/Hot Tub(s) _____
☐ Beaches _____	☐ Lake/Ponds (# of acres) _____	☐ Tanning Bed(s) _____
☐ Bike trails (miles) _____	☐ Playground(s) _____	☐ Tennis Court(s) _____
☐ Boat slip(s) _____	☐ Racquetball court(s) _____	☐ Volleyball Court(s) _____

Section V – Other Services

1. Does the Applicant provide transportation services to residents? ☐ Yes ☐ No
2. Does the Applicant provide and monitor Pull Chord/Panic Buttons? ☐ Yes ☐ No
3. Is there a daycare, babysitting or after-school program operated on the premises? ☐ Yes ☐ No
- If YES, Is the daycare operated by:** ☐ Applicant ☐ Independent company
- If independent company:
- a. Is applicant named as additional insured on daycare operator's general liability policy? ☐ Yes ☐ No
- b. Is daycare operator required to carry limits equal to or greater than insured? ☐ Yes ☐ No

Section VI – Fire Protection

1. Is the complex in compliance with all applicable state and local statutes governing safety devices? ☐ Yes ☐ No
2. Are there smoke alarms in each unit? ☐ Hardwire ☐ Battery
- a. If hard-wired, are alarms tied to a central station? ☐ Yes ☐ No
- b. If battery, is there a written procedure for routine inspection and replacement? ☐ Yes ☐ No
3. Are there fire alarms? ☐ Yes ☐ No
- If YES, are they central station?** ☐ Yes ☐ No
4. Are buildings sprinklered? ☐ Yes ☐ No
- a. All units? ☐ Yes ☐ No
- b. Common areas only? ☐ Yes ☐ No
5. If over three stories, are interior stairways enclosed and equipped with self-closing fire doors on each floor? ☐ Yes ☐ No
6. Does applicant prohibit the use of grills on balconies, porches or decks? ☐ Yes ☐ No
7. Do all buildings/floors have clearly marked fire exits? ☐ Yes ☐ No
8. Emergency lighting provided in all common areas? ☐ Yes ☐ No
9. Is there a secondary means of egress on each floor? ☐ Yes ☐ No
10. Is there aluminum wiring on premises? ☐ Yes ☐ No
- If YES, has it been repaired? Describe:** _____

Section VII – Security

1. Master keys & locks:
- a. Has the complex been de-mastered (No Master Key System)? ☐ Yes ☐ No
- b. Are all units re-keyed prior to leasing to new tenants? ☐ Yes ☐ No
2. Do the resident's doors or windows contain any of the following? ☐ Yes ☐ No
- a. Individual unit doors secured by Double Locks? ☐ Yes ☐ No
- b. Individual unit doors installed with Door Viewer or Peephole in front doors? ☐ Yes ☐ No
- c. Individual units installed with Lock Pins for windows and Sliding Glass Doors? ☐ Yes ☐ No
- d. Individual units installed with Window Locks/Bars? ☐ Yes ☐ No

Section VII – Security (continued)

3. Does the Applicant provide security services? ☐ Yes ☐ No
- a. If YES, what type? ☐ Gated access ☐ Patrol
- b. If patrol services are provided, please answer the following questions:
- Are the guards: ☐ Armed ☐ Unarmed
- Are the guards: ☐ Employees ☐ Independent Contractors ☐ Off-duty Police
4. If independent contractors are used:
- a. Are they required to list you as an additional insured? ☐ Yes ☐ No
- b. Are they required to sign hold harmless/indemnification agreement in your favor? ☐ Yes ☐ No
- c. Are they required to carry limits equal to or greater than applicant? ☐ Yes ☐ No
- d. Are Certificates of Insurance maintained on file? ☐ Yes ☐ No
5. Do you perform police background checks on all employees? ☐ Yes ☐ No
6. Are background checks required on all new tenants? ☐ Yes ☐ No
7. Do you have a written procedure for notifying tenants of any known or suspected criminal activity? ☐ Yes ☐ No
8. Do you have a written procedure for responding to tenants' complaints concerning safety-related issues? ☐ Yes ☐ No

Section VIII – Maintenance

1. Do you have written procedures for inspecting and maintaining of your premises? ☐ Yes ☐ No
2. Do you have written procedures for responding to tenant complaints regarding maintenance or service? ☐ Yes ☐ No
3. Who performs building and/or site maintenance, service and repair?
- a. Janitorial operations: ☐ Employee ☐ Contractor
- b. Landscaping/lawn care operations: ☐ Employee ☐ Contractor
- c. Snow & ice removal ☐ Employee ☐ Contractor
- d. General maintenance & repairs: ☐ Employee ☐ Contractor
4. If done by an outside contractor:
- a. Are all subcontractors required to list you as an additional insured? ☐ Yes ☐ No
- b. Are all subcontractors required to sign a hold harmless/indemnification agreement in your favor? ☐ Yes ☐ No
- c. Are subcontractors required to carry limits equal to or greater than insured? ☐ Yes ☐ No

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: 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.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by 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 personal or commercial 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 is considered a crime.

MAINE: 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 or denial of insurance benefits.

NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: 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/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY