



**RESIDENTIAL PROPERTY
APPLICATION SUPPLEMENT**



PREQUALIFIERS – Risk(s) are ineligible if they include any of the following characteristics. Please complete:

	Yes	No
1. Greater than 150 units per location.	<input type="checkbox"/>	<input type="checkbox"/>
2. Greater than 10 stories or if over 6 stories and not 100% sprinklered with 2 means of egress.	<input type="checkbox"/>	<input type="checkbox"/>
3. Assisted living, nursing or convalescent home, fraternity or sorority house, or school.	<input type="checkbox"/>	<input type="checkbox"/>
4. Declared bankruptcy (Chapters 7, 11 or 13) within the last 3 years.	<input type="checkbox"/>	<input type="checkbox"/>
5. Armed security guards (including but not limited to guns, Tasers or stun guns).	<input type="checkbox"/>	<input type="checkbox"/>
6. Swimming pools that have diving boards, are unfenced, gate that is not self-latching/closing and/or not in compliance with Virginia Graeme Baker Pool & Spa Safety Act.	<input type="checkbox"/>	<input type="checkbox"/>
7. Risks without working smoke detectors in each unit/dwelling.	<input type="checkbox"/>	<input type="checkbox"/>
8. Fire and life safety violations in any building that has a residential occupancy.	<input type="checkbox"/>	<input type="checkbox"/>
9. Risks with 26 or more apartment units or schedule of 11 dwellings or more without a full time resident manager, owner occupied supervisor or full time management company, or local ownership with formal management and maintenance procedures in place.	<input type="checkbox"/>	<input type="checkbox"/>

Named Insured/Applicant: _____

Location:	1. _____
	2. _____
	3. _____
	4. _____
	5. _____

GENERAL INFORMATION - Where appropriate, use Y (Yes) or N (No)

	Location 1	Location 2	Location 3	Location 4	Location 5
Is there a property manager?					
Owner/manager lives on premises?					
Mercantile occupant? / % of space					
Percent rented as student housing					

If subcontractors perform renovations, janitorial, lawn care, snow removal and/or other maintenance services:

	Yes	No	N/A
a. Are certificates of insurance on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are coverage and limits equal to or greater than applicant's policy limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recreational Facilities - Advise number, miles, acres or square feet, as indicated:

Baseball field _____	Exercise Facilities _____	Sauna _____
Basketball court _____	Ice skating _____	Shooting range _____
Beaches _____	Lake/Pond (acres) _____	Stable _____
Bike trail (miles) _____	Park (acres) _____	Street/Road _____
Boat dock/slip _____	Playground _____	Tennis court _____
Clubhouse/Party room (Sq. ft.) _____	Racquetball court _____	Whirlpool _____

Other (describe): _____

Any swimming pools with slides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you allow tenants to have dog(s) on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECURITY

1. Is security provided? Yes No
If yes, type: Patrol Gated/Property Access Alarm Systems Security Cameras Locks
2. Does the lease/rental agreement make any warranties with regard to security? Yes No
If yes, explain:
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HISTORY

1. Have you declared bankruptcy (Chapters 7, 11 or 13) within the last 5 years? Yes No
2. Have you had any prior losses due to mold, fire, water, weather, slip & fall? Yes No
If yes, explain:
3. Describe all occurrences, claims and/or losses (regardless of fault and whether or not you were insured) that did give rise or could have given rise to a claim for the prior 5 years. (Include dates and final payout, or if not closed, current reserve amount.)
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4. Describe any complaints or citations you received based on alleged structural hazards, inadequate sanitation, or nuisance issues, as well as any complaints or citations based on alleged violations which endangered the health, property, or welfare of the occupants or the public for the prior 5 years:
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FRAUD STATEMENTS

FLORIDA: 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.

LOUISIANA and 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 include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address
