

Worlds Apart – Supplemental Application

- 1. Is this business new to the agency? [ ] Yes [ ] No Have you seen all locations in the past 30 days? [ ] Yes [ ] No
2. How many years experience does the named insured have in owning / managing apartments? [ ] Years
3. Who does the day to day property management? [ ] Owner [ ] Employee [ ] Other Name: [ ]
4. Contact Person & Phone number for Loss Control Inspection: [ ] Name [ ] Phone Number
5. Does Insured or Property Manager reside within 25 miles of properties? [ ] Yes [ ] No
6. Is there a 24/7 contact for emergencies? [ ] Yes [ ] No
7. How many tenant evictions have there been in the past 3 years? [ ] What was the percent of turnover last year? [ ] %
8. How is tenant screening done? (select all that apply) [ ] Credit Check [ ] Personal Interviews [ ] Employment checks [ ] Leasing agent [ ] Criminal Checks [ ] Referrals [ ] Not done
9. Are certificates required from contractors? [ ] Yes [ ] No
10. Does the insured prohibit the use of grills on balconies porches or decks? [ ] Yes [ ] No
11. Are background checks and checks for criminal convictions done on all new employees? [ ] Yes [ ] No [ ] No Employees
12. What type of lease is required? [ ] Annual Written Leases [ ] Month-To-Month Written Leases [ ] No Leases
13. Does the lease require tenants to carry liability insurance? [ ] Yes [ ] No
14. Is there a procedure to monitor compliance with insurance requirements? [ ] Yes - If Yes, Describe in Comments [ ] No
15. Describe Pet Policy: [ ]
16. Average annual occupancy rate: [ ] % Annual rental income: \$ [ ]
17. Is there maintenance contract for heating equipment? [ ] Yes [ ] No
18. Who performs snow and ice removal? [ ] Insured [ ] Contractor [ ] Tenant [ ] Not a cold weather state
19. If Insured or Contractor performs snow and ice removal, are snow removal logs kept? [ ] Yes [ ] No
20. Sporting or social events sponsored? [ ] Yes - If Yes, Describe in Comments [ ] No
21. Is there a Fireplace or Woodstove? [ ] Fireplace [ ] Woodstove [ ] No If Yes, is there a program for annual flue / chimney cleaning? [ ] Yes [ ] No
22. Are any buildings vacant or unoccupied, under demolition, renovation or have demolition or renovation planned? [ ] Yes - If Yes, Describe in Comments [ ] No
23. What kind of Smoke Detectors are in the buildings? [ ] None [ ] Battery in units and all common areas [ ] Battery in units and hard-wired in common areas [ ] Hard-wired throughout [ ] Manual pull alarms in common areas For Battery in units, do you keep a log of battery replacement and inspection? [ ] Yes [ ] No
24. Are there any stove top fire suppression systems? [ ] Yes - If Yes, Describe in Comments [ ] No
25. Are any buildings to be insured converted from another occupancy? [ ] Yes - If Yes, Describe in Comments [ ] No (i.e. school, warehouse etc.)
26. Do any locations have underground fuel tanks? [ ] Yes [ ] No If yes, list the location: [ ] What year was it installed? [ ] Date of the last test for leaking: [ ] What is the tank made of: [ ] Double Steel [ ] Steel Coated [ ] Fiberglass
27. Do any locations have a pool? [ ] Yes If Yes: [ ] In-Ground [ ] Above Ground [ ] No Are rules posted? [ ] Yes [ ] No Is there a (select all that apply): [ ] Fence [ ] Diving Board [ ] Slide [ ] Safety Drain

28. Do any locations have a playground?  Yes - *If Yes, Describe in Comments*  No
29. Do any buildings have Dryvit / EIFS construction?  Yes - *If Yes, indicate which buildings in Comments*  No
30. Do any buildings have knob and tube wiring? (knob and tube wiring is ineligible)  Yes - *If Yes, indicate which buildings in Comments*  No
31. Do any buildings have fuses? (*Fuses must have fusestats to prevent over-fusing*)  Yes, indicate which buildings in Comments  No
32. Do any buildings have amperage less than 100?  Yes - *If Yes, indicate which buildings in Comments*  No
33. Do any buildings have aluminum wiring?  Yes - *If Yes, indicate which buildings and method of remediation in Comments*  No
34. Are there any day care facilities?  Yes  No Are day care facilities operated or controlled by the insured?  Yes  No
35. Are there any armed security guards?  Yes  No Is there entry security?  Yes  No

Describe the building security including main entry, lighting and alarms:

36. Are all locations under common ownership/management?  Yes  No
37. Any other business owned or operated by the insured? (if yes, describe in comments)  Yes  No
38. If frame, how many feet from neighboring frame buildings?
39. Describe the basement of each location by inserting the location # in the space that best describes the basement.  
 Slab  Crawl Space  Partial  Full   
 Which basements if any are finished?
40. Does the risk include  Student  Senior  Tax Credit or  Public housing? (if yes complete questionnaire)
41. Any mercantile exposure?  Yes  No Total sq. ft.  % of total account
42. Any building with a wood shingle or wood mansard roof?  No  Yes, indicate locations
43. Any 1-4 family dwelling type with a flat roof?  No  Yes, indicate location/building #
44. Are there 2 standard means from all units?  Yes  No, indicate location/building #   
 Describe the non-standard method of egress.

ATTACH A COPY OF THE STANDARD LEASE

Comments:

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date