

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  No 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