



Apartment – Condominium Supplemental Application

Named Insured:

Agent Name and Phone:

Effective Date:

Risk Control Contact Name:

Phone Number:

Account

1. Please supply the Condominium Board President Name and Phone Number if different from the Risk Control Contact Name and Phone number above.
2. Does the business have a website? Yes No Unknown
Please provide URL:

Percentage of sales from the internet or e-commerce:

None less than 10% 10-25% 26-49% 50-74% 75% or more Unknown

3. Building is occupied by:?

<input type="checkbox"/> Owner	%	<input type="checkbox"/> Vacant or sold but not occupied	%
<input type="checkbox"/> Tenants	%	<input type="checkbox"/> Units not Sold	%
<input type="checkbox"/> Seasonal Tenants	%	<input type="checkbox"/> Unknown	%
<input type="checkbox"/> Vacationers	%		

(a) If tenants or seasonal tenants, what is the average monthly rent?

4. Does a developer have an interest in the Condominium? Yes N/A No Unknown
5. Does the named insured include the developer or property manager? Yes No Unknown
6. Please check all of the following that apply:
 Full time resident manager
 Owner who resides on the premises
 Full time property management company with 3 years or more experience

Liability

7. Is there any security staff on the premises? Yes No Unknown
(a) Are they: Employees Contractors Unknown
(b) Are they: Armed Unarmed Unknown

8. Are independent contractors hired to perform maintenance, repair, or other construction work? Yes No Unknown

Please check all applicable:

There is a standard written and signed contract between the business and the contractor. Unknown

The contract requires the contractor to name the business as an additional insured for both operations and completed operations. Unknown

The contractor must agree to indemnify and hold harmless the business. Unknown

<input type="checkbox"/> The contractor provides a certificate with proof that the contractor has Workers Compensation and General Liability insurance with limits at \$1 million/\$1 million minimum.	<input type="checkbox"/> Unknown	
9. Is there a parking garage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
(a) Is the garage:		
<input type="checkbox"/> Above Ground	<input type="checkbox"/> Below Ground	<input type="checkbox"/> Unknown
(b) What type of security measures are in place?		
<input type="checkbox"/> Closed Circuit TV	<input type="checkbox"/> Alarms	
<input type="checkbox"/> Security Patrols	<input type="checkbox"/> Police Patrols	
<input type="checkbox"/> Guard	<input type="checkbox"/> Cardkey	
<input type="checkbox"/> Unknown	<input type="checkbox"/> None	
10. Is there an emergency evacuation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
(a) Are there at least 2 emergency exits in the building(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
(b) Are there at least 2 enclosed stairwells in the building(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
(c) Is there emergency lighting in the building(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
11. How is smoke/fire detected:		
<input type="checkbox"/> Battery Operated Smoke Detectors in all units	<input type="checkbox"/> Manual Pull Station	
<input type="checkbox"/> Hard Wire Smoke Detectors/Hallways and Common Areas	<input type="checkbox"/> Central Station Alarm	
<input type="checkbox"/> Connected to Annunciator Panel	<input type="checkbox"/> Local Alarm	
<input type="checkbox"/> Unknown		
12. If the area is subject to snow and ice accumulation, is the occupant responsible for snow and ice removal?		
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
(a) What are the snow and ice removal procedures:		
<input type="checkbox"/> Contracted with local contractor	<input type="checkbox"/> Maintenance staff	
<input type="checkbox"/> Nothing formal	<input type="checkbox"/> Unknown	
13. Does the building have self closing doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
(a) They are in the: <input type="checkbox"/> Hallways and/or <input type="checkbox"/> Individual Units	<input type="checkbox"/> Unknown	
14. Is tenant access automated and combined with other security systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
15. Is there a playground?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
(a) Year installed		
16. Is there any exercise equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
What types?		
<input type="checkbox"/> Free Weight(s)	<input type="checkbox"/> Elliptical Trainer(s)	
<input type="checkbox"/> Weight Machine(s)	<input type="checkbox"/> Stair Climbing Machine(s)	
<input type="checkbox"/> Treadmill(s)	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Stationary Bike(s)	<input type="checkbox"/> Other	
Please Describe:		
17. Are any of the units senior, subsidized, students or rooming houses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

18. Is there a swimming pool or other bodies of water?

Yes, pool Yes, body of water No Unknown

<input type="checkbox"/> Lifeguard on premises	<input type="checkbox"/> Fully fenced
<input type="checkbox"/> Jacuzzi	<input type="checkbox"/> Diving board or slide
<input type="checkbox"/> Depth markers	<input type="checkbox"/> Sauna
<input type="checkbox"/> Lake	<input type="checkbox"/> Rules Posted
<input type="checkbox"/> Diving board or slide	<input type="checkbox"/> Corded off swimming area
<input type="checkbox"/> Pond	<input type="checkbox"/> Lifeguard on premises
<input type="checkbox"/> Other bodies of water	

Please Describe:

19. Are there any sun tanning booths/beds?

Yes No Unknown

Property

20. Is there an automatic sprinkler system?

Yes No Unknown

(a) What percent of the building is sprinklered?

90-100% 50-89% Less than 50% Unknown

(b) If less than 90% of the building is sprinklered, what portion is sprinklered?

(c) Age of sprinkler system

less than 10 yrs 10-25 years 26-49 years 50 or more years Unknown

(d) Type of sprinkler system Life Safety System Full Fire System

Wet Dry Other Unknown

Please Describe:

(e) Was sprinkler system designed for present occupancy? Yes No Unknown

(f) Is a subcontractor responsible for sprinkler system inspection, testing and maintenance?

Yes No, Self Maintained Unknown

Name of subcontractor:

(g) How often is the sprinkler system maintenance and inspection performed?

Monthly Quarterly Semi Annually Annually Unknown

(h) Are sprinkler alarms installed? Yes No Unknown

Are they: Water Flow Valve Closure Unknown

21. Is there a Closed Circuit TV System?

Yes No Unknown

(a) Is it monitored 24 hours/day?

Yes No Unknown

22. Are facilities building systems, equipment maintenance and overall facilities inspections performed?

Yes No Unknown

(a) When are they performed?

Scheduled As Needed Breakdown Unknown

(b) What areas are reviewed?	How Often?	What is the year of last improvement or upgrade:
<input type="checkbox"/> Roof	Frequency	Year
<input type="checkbox"/> Electrical	Frequency	Year
<input type="checkbox"/> Plumbing	Frequency	Year
<input type="checkbox"/> HVAC	Frequency	Year
<input type="checkbox"/> Common Areas	Frequency	Year
<input type="checkbox"/> Emergency Lighting	Frequency	Year
<input type="checkbox"/> Exit Signs	Frequency	Year
<input type="checkbox"/> Unknown	Frequency	Year

23. What is the construction of the roof covering material?

<input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Wood Shake
<input type="checkbox"/> Tar and Gravel	<input type="checkbox"/> Metal
<input type="checkbox"/> Other	<input type="checkbox"/> Unknown

Please Describe:

24. Is there aluminum wiring in the building(s)? Yes No Unknown

25. Is there aluminum siding on the building(s)? Yes No Unknown

26. Are there any fireplaces? Yes No Unknown

Are they: Wood Gas Wood and Gas

27. Is there a written policy regarding grilling on balconies? N/A Yes No Unknown

28. Please fill in the following for each location on the schedule. (Please insert additional locations in the comments section if there are more than five locations).

Location	Total # of Units	# Bldgs at this location	Smallest Distance between Bldgs	Max # Stories at any one Bldg

29. Has there been any water damage in the past 3 years, including plumbing leaks? Yes No Unknown

30. Please supply a plot map and loss runs.

Additional Comments:

SIGNATURE OF APPLICANT	DATE
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