

Apartment Building/Complex Supplemental Application

1. Named insured	
2. Location address	

Complex Information

3. Number of buildings within the complex?	
4. Approximate distance between buildings?	N/A <input type="checkbox"/>

Building Information

5. Are stoves in living units gas or electric?	Gas <input type="checkbox"/> Electric <input type="checkbox"/>
6. Do the windows or doors contain security bars?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. If yes, are they equipped with breakaway release mechanisms?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
8. Are there any railings with greater than 6 inch openings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Are there railings with openings that are horizontal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Does the property meet all local zoning codes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Is the location address found on the historic registry?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
12. Is the property located within a historical district and controlled by HDLC?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Building Systems

13. Is the building heated by electric baseboard heat?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Does any part of the complex use fuses as over-current protection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Does building have Federal Pacific Stab-Lok type electrical panels ,Zinsco, Challenger or similar type panels?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Is aluminum wiring present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. If yes, is it properly pig-tailed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
18. If yes, when was the complex retrofitted?	N/A <input type="checkbox"/>
19. If yes, was it performed by a licensed electrician?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
20. Were COPALUM devices used?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
21. Is the roof wood shake?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22. What type of roof cover is used? (asphalt, tile, slate, tar & gravel)	
23. In what year was the roof covering last replaced?	
24. Do the building have wood shake siding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Does the building contain polybutylene plumbing (also known as 'polybutyl' or 'PB' piping)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Fire Protection

26. Is the building sprinklered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. If yes, what percentage is covered?	N/A <input type="checkbox"/>
28. If yes, does the sprinkler system contain earthquake bracing?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
29. Does the building contain standpipes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
30. Are fire extinguishers present in all applicable areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
31. Is all fire protection equipment covered by a service contract for maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Life Safety

32. Are smoke detectors battery operated or hardwired?	Battery	Hard Wired
33. If battery operated, is there a battery replacement plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
34. Is there a fire alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
35. Is it centrally monitored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
36. Is there an annunciator panel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
37. Do all units have a carbon monoxide detector?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
38. Are exit signs illuminated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
39. Is emergency lighting present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
40. Are evacuation procedures posted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
41. Do living units discharge directly to outside?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
42. If no, does the common area have two means of egress?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

Additional Exposure

43. Is there any mercantile or non-residential exposure present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
44. If yes, what is the non-residential square footage?	N/A <input type="checkbox"/>	
45. If yes, is the mercantile owner owned or operated by building owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
46. Description of mercantile occupancy:		
47. Does the non-residential area contain any high hazard exposure?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
48. Does the non-residential area contain commercial cooking exposure?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
49. If yes, is it properly protected with hood and duct and ansul system?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
50. If yes, is there a manual shut off installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
51. If yes, how often are the hoods and ducts cleaned?	N/A <input type="checkbox"/>	
52. If yes, how often is the grease filter cleaned?	N/A <input type="checkbox"/>	
53. If yes, do they have a deep fryer?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
54. If yes, does it have a high temperature switch?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
55. Is there underground parking or an indoor parking garage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
56. If yes, the approximate square footage?	N/A <input type="checkbox"/>	
57. Is there outdoor parking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
58. If yes, the approximate square footage?	N/A <input type="checkbox"/>	
59. Is there a pool or spa present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
60. If yes, how many?	N/A <input type="checkbox"/>	
61. If yes, are depth markers clearly visible?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
62. If yes, is it fenced with a self latching gate?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
63. If yes, is there a diving board or slide?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
64. Is there a playground?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
65. Are there any ponds, lakes or streams on the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
66. Are there any owned docks, marinas or boat slips?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
67. Is there a laundry room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
68. If yes, is the laundry facility leased to a third-party provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
69. Is there any facility on the property which involves the care or control of children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
70. Is there armed security?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
71. Is charcoal grilling permitted on balconies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
72. Are any other amenities or recreational activity facilities present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
73. If yes, what type?	N/A <input type="checkbox"/>	

Occupancy

74. Vacancy rate?	
75. Is there any student housing within the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
76. If yes, what percentage?	
77. Is there any senior housing within the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
78. If yes, what percentage?	
79. If yes, are any medical, transportation or food services provided?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
80. Is any building at the insured location operated as a Single Room Occupancy (SRO) property? (An SRO is a residential property where individual tenants rent single rooms, typically with shared kitchen and/or bathroom facilities)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Information

81. Is the building managed by the owner or a third-party management firm?	Owner <input type="checkbox"/> Third Party <input type="checkbox"/>
82. If owner managed, how many years of management experience?	
83. Is the building designated smoke free?	Yes <input type="checkbox"/> No <input type="checkbox"/>
84. Are tenants required to maintain a tenant's insurance policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
85. Are contractors /subcontractors allowed to work without providing you with a COI?	Yes <input type="checkbox"/> No <input type="checkbox"/>
86. Do your contractors /subcontractors carry coverage with GL limits equal to or greater than our policy? (\$1M minimum)	Yes <input type="checkbox"/> No <input type="checkbox"/>
87. Are hold harmless agreements in the insureds favor in place for all contractors working the insured's premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
88. Are there any owned automotive vehicles? Please provide year, make model and usage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
89. Are hold harmless agreements in the insureds favor in place for all mercantile tenants at this location present?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
90. Does any insured own or manage any other properties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
91. If mercantile is present at location, does the insured obtain COIs from merc occupants with GL limits equal to or greater than our policy? (\$1M minimum)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
92. COIs for mercantile tenants are kept on file and will be made available upon request?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Employee Benefits/Back up of Sewers/Crime/Hired Non-Owned Auto

93. Employee benefits liability	Yes <input type="checkbox"/> No <input type="checkbox"/>
94. Back up of sewers and drains	Yes <input type="checkbox"/> No <input type="checkbox"/>
95. If yes, what limit?	
96. Employee Theft	Yes <input type="checkbox"/> No <input type="checkbox"/>
97. If yes, what limit?	
98. If yes, what deductible?	
99. If yes, identify all employees with access to money/securities	
100. Forgery or Alterations	Yes <input type="checkbox"/> No <input type="checkbox"/>
101. If yes, what limit?	
102. If yes, what deductible?	
103. Theft, disappearance and destruction – Inside the Premises	Yes <input type="checkbox"/> No <input type="checkbox"/>
104. If yes, what limit?	
105. If yes, what deductible?	
106. Robbery or Safe Burglary of other property – Inside the Premises	Yes <input type="checkbox"/> No <input type="checkbox"/>

107.	If yes, what limit?	
108.	If yes, what deductible?	
109.	Outside the Premise	Yes <input type="checkbox"/> No <input type="checkbox"/>
110.	If yes, what limit?	
111.	If yes, what deductible?	
112.	Computer and Funds Transfer	Yes <input type="checkbox"/> No <input type="checkbox"/>
113.	If yes, what limit?	
114.	If yes, what deductible?	
115.	Money Orders and Counterfeit Monet	Yes <input type="checkbox"/> No <input type="checkbox"/>
116.	If yes, what limit?	
117.	If yes, what deductible?	
If crime coverage is elected confirm internal controls:		
118.	Monthly account reconciliation by person not authorized to deposit or withdraw funds	Yes <input type="checkbox"/> No <input type="checkbox"/>
119.	Reconciliation must be documented and reviewed by management	Yes <input type="checkbox"/> No <input type="checkbox"/>
120.	All checks over \$5,000 require dual signatures from authorized signatories	Yes <input type="checkbox"/> No <input type="checkbox"/>
121.	Daily cash limits: maximum \$10,000 on premises, maximum \$25,000 in transit	Yes <input type="checkbox"/> No <input type="checkbox"/>
122.	Safe/vault requirements: TL-15 rated for amounts over \$50,000	Yes <input type="checkbox"/> No <input type="checkbox"/>
123.	Hired and non owned automobile	Yes <input type="checkbox"/> No <input type="checkbox"/>
124.	If yes, how many full time employees:	
125.	Is interstate commerce or cross border travel permitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature(s) – owner, insured, applicant

The signature below constitutes acknowledgment of information provided on this supplemental application and any other application or forms that may have been included as part of the application for insurance. This may include but is not limited to various Acord forms, a statement of values, a schedule of locations and/or a lead supplemental application.

Name		Name	
Signature		Signature	
Date		Date	

Any person who knowingly and with the intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: Substantial] civil penalties, (not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, Insurance benefits may also be denied) **Please send submissions to apps@core-programs.com**