

NAME _____

LOCATION _____

APPLICANT'S NAME _____

OCCUPIED AS APARTMENT CONDO TOWNHOUSE RENTAL DWELLINGS _____

MONTHLY RENTAL _____

1 BDRM _____	ANNUAL RENTAL INCOME _____	OCCUPANCY RATE _____
2 BDRM _____		(LAST 3 YEARS)
3 BDRM _____	NUMBER OF BUILDINGS _____	NUMBER OF UNITS _____
OTHER _____		

DOES APPLICANT HAVE ANY TAX LIENS, PAST DUE ACCOUNTS, OR PRIOR / PENDING BRANKRUPTCY? YES NO

IF YES, EXPLAIN _____

ANY TIMESHARE, SHORT-TERM OR SEASONAL RENTALS? YES NO

ANY ASSISTED LIVING SERVICES PROVIDED? YES NO

ANY OUTSTANDING INSURANCE COMPANY RECOMMENDATIONS? YES NO

LAST TIME INSPECTED BY FIRE DEPARTMENT _____

ANY RECOMMENDATIONS? _____

HAS A MORTGAGE EVER BEEN DECLINED? YES NO TENANTS SCREENED PRIOR TO LEASING? YES NO

CREDIT CHECK? YES NO CRIMINAL CHECK? YES NO

A. PROPERTY

1. ANY GOVERNMENT SUBSIDIZED HOUSING? YES NO IF YES, WHAT PERCENT? _____

2. ANY STUDENT RENTERS? YES NO IF YES, WHAT PERCENT? _____

3. IS THERE A MANAGER ON SITE? YES NO YEARS EXPERIENCE _____

IS BACKGROUND CHECKED ON MANAGER? YES NO

4. IF MULTIPLE BUILDINGS, INCLUDE DIAGRAM AND DISTANCE BETWEEN BUILDINGS

TYPE OF SIDING: _____ WHEN LAST PAINTED? _____

5. WHEN WAS THE LAST TIME THE FOLLOWING WERE CHECKED (UPDATED) BY A QUALIFIED PERSON & HOW OFTEN:

ROOF	TYPE	AGE	LAST INSPECTED:	FREQUENCY
SIDING			LAST INSPECTED: _____	FREQUENCY _____
ELECTRIC			LAST INSPECTED: _____	FREQUENCY _____
PLUMBING			LAST INSPECTED: _____	FREQUENCY _____
WATER HEATERS			LAST INSPECTED: _____	FREQUENCY _____
HEATING			LAST INSPECTED: _____	FREQUENCY _____
BALCONIES			LAST INSPECTED: _____	FREQUENCY _____

6. WHAT TYPE OF WIRING _____ MEET NFPA? YES NO CIRCUIT BREAKERS YES NO

IF ALUMINUM, UPDATED? YES NO DATE: _____

ARE ALL RECEPTACLES AND SWITCHES FIXED USING THE COPALUM CRIMP METHOD? YES NO

7. SMOKE ALARMS YES NO BATTERY HARDWIRED HOW OFTEN CHECKED? _____

WHERE LOCATED: _____ BATTERY RESPONSIBILITY OF: _____

COMMON AREAS HAVE FIRE EXTINGUISHERS? YES NO LAST TAGGED _____

IS THE BUILDING SPRINKLERED? YES NO

IS THERE PARKING IN THE BUILDING? YES NO

ANY UNITS HAVE WORKING FIREPLACES? YES NO HOW OFTEN CLEANED? _____

8. ARE WOOD STOVES, SPACE HEATERS OR TEMPORARY HEATING UNITS IN USE ON THE PREMISES? YES NO

9. IS THE BUILDING ON THE HISTORICAL REGISTER? YES NO

10. LAUNDRY FACILITIES? YES NO LOCKED? YES NO HOW OFTEN INSPECTED? _____

B. LIABILITY

SWIMMING POOL YES NO

POOL FENCED? YES NO SELF-CLOSING? YES NO LOCKED GATE? YES NO

DIVING BOARD? YES NO HOW DEEP? _____ MARKED? YES NO

RULES POSTED? YES NO LIFESAVING EQUIP. YES NO

PLAYGROUND YES NO

FENCED? YES NO

TYPE EQUIPMENT _____

TYPE SURFACE ASPHALT SAND GRAVEL _____

TESTED FOR LEAD BASED PAINT? YES NO ARSENATE? YES NO

OTHER RECREATION FACILITIES YES NO

TENNIS COURT YES NO EXERCISE ROOM YES NO

BASKETBALL / SPORTS COURT YES NO SUNTAN BOOTH YES NO

OTHER YES NO DETAILS _____

PARKING AVAILABLE? YES NO COVERED GARAGE LIGHTED ASSIGNED

IS THERE A FORMAL PROCEDURE FOR HANDLING TENANT COMPLAINTS? YES NO

ANY PRIVATE SECURITY YES NO

DETAILS _____

ARE PETS ALLOWED? YES NO TYPE _____

DOES LEASE HAVE HOLD HARMLESS? YES NO

THE APPLICANT, AGENT AND/OR BROKER REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE OR COMMIT THE COMPANY TO POLICY ISSUANCE.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICANT _____ PRODUCER _____

SIGNATURE _____ SIGNATURE _____

DATE _____ DATE _____