



Balance Partners Property Supplemental Application

Named Insured:			
Location Address:			
Inspection Contact Name:		Telephone #:	
Roof Updated (Year):		Boiler Updated (Year):	
Electrical Updated (Year):		Plumbing Updated (Year):	

Smoke Detectors <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired <input type="checkbox"/> Hardwired w/Battery Backup		
If there are battery detectors, is there a quarterly maintenance program in place?	Yes	No
Are there fire extinguishers in all common and commercial areas? If so, are they regularly serviced?	Yes	No
Is there emergency lighting?	Yes	No
What percentage of the building's square footage is sprinklered?		<u> </u> %
Are there at least two means of egress from each building?	Yes	No
Is location more than 80% occupied?	Yes	No
Does the building contain any circuit breakers?	Yes	No
Does any part of the building's electrical system contain fuses?	Yes	No
Does any part of the building's electrical system contain Stab-Loc/Federal Pacific electrical components?	Yes	No
Does any part of the building's electrical system contain aluminum wiring?	Yes	No
What percentage of the units are comprised of Subsidized, Section 8, or HUD housing?		<u> </u> %
Have there been any fire code violations in the past 5 years?	Yes	No
If yes, please explain:		
Are there any Single-room Occupancies (SRO)?	Yes	No
Are any apartments subdivided?	Yes	No
What percentage of the units are comprised of Student Housing?		<u> </u> %
What percentage of the units are comprised of senior, age-restricted, or assisted living housing?		<u> </u> %
Does the property contain a hotel/motel, gas station, manufacturing, or warehousing exposure?	Yes	No
Do any armed security services patrol the premises?	Yes	No

Any person who knowingly and with 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 civil penalties.

Failing to accurately and honestly disclose certain exposures to which the questions of this application pertain may result in declination of insurance coverage.

Signature:		Date:	
(Owner/Insured/Applicant)			
Print Name:			