# **ASPYRE APARTMENT PROGRAM APPLICATION**

**Instructions:** All questions must be answered in full. Missing or incomplete information may disqualify the submission. Application must be signed and dated by an owner, oﬃcer or partner of the company.

|  |  |
| --- | --- |
| Applicant’s Name:    Mailing Address:    FEIN:  Proposed Policy Period:      /     /      to      /     / | Agency Name:  Agent Contact:  Applicant Website:  Applicant Phone:  Inspection Contact:  Inspection Phone:  Inspection Email: |

**Applicant is:**  Individual  Corporation/Other Organization  Partnership  Joint Venture  Limited Liability Company

**APPLICATION REQUIREMENTS**

* **Fully completed & signed application**
* **Currently valued loss runs from prior insurance carriers – 5 years desirable (3 full years minimum)**
* **If necessary, statement of values – By street address including all auxiliary buildings**

**Property Locations - Business Name (if applicable), Street Address, City, County, State and Zip Code:**

**Loc. No. 1:**

**Loc. No. 2:**

**Loc. No. 3:**

**How long has applicant been in business?**       years

**Does applicant have other business ventures or operations that will not be covered under this policy?**  Yes  No

If yes, explain and advise where insured:

**Does applicant have other commercial or residential properties that will not be covered under this policy?**  Yes  No

If yes, explain and advise where insured:

**In the past three years, has any company ever canceled, non-renewed, or refused insurance to the applicant?**  Yes  No

If yes, explain:

**Have any locations been purchased within 1 year or are currently being purchased?**  Yes  No

If yes,

Do you have any relationship with the seller besides a standard buyer-seller arrangement?  Yes  No

Do you have access to the loss history of the location by the seller?  Yes  No

If no loss history is available: What efforts were made to confirm no prior property or liability claims, whether covered by insurance or not, or circumstances that may lead to a claim after you take ownership?

**How Are Tenants Screened? (Check all that apply)**

Credit Check  Eviction Check  National Sex Offender Registry Check

Employment Check  Reference Check  National Criminal Database Check

Personal Interview  Public Records  No Screening Performed

**Are all tenants required to maintain renters insurance?**  Yes  No

If yes, what liability limits/coverages are they required to keep on their policy? $

**Has the applicant ever been cited for violations or noncompliance with county, state, or federal ordinances, codes, statutes, or regulations, or failed any mandated inspections?**  Yes  No

**Any history or filed claims regarding mold, fungi, or bacteria?**  Yes  No

**Any history or filed claims regarding bed bugs or other infestations of bugs, rodents, or vermin?**  Yes  No

**Are background checks performed on all employees?**  Yes  No

**Tenant Units: Does applicant have written policy and procedures for routine inspection, and upkeep, of smoke detectors, air filters, carpet/flooring, water heaters, carbon monoxide detectors, HVAC units, balconies, etc.?**  Yes  No

**Common Areas: Does the applicant have formal inspection and upkeep policies to ensure proper maintenance of common areas including parking lots, sidewalks, driveways, stair railings, snow removal, etc.?**  Yes  No

# **POLICY LIMITS AND OPTIONAL COVERAGES\***

**\*Aspyre Advantage Limits automatically listed; Higher Limits may be available for these coverages.**

|  |  |
| --- | --- |
| **Liability Limits (Each Occurrence/Policy Aggregate)** | $1M/$2M |
| **Damage to Premises Rented to You (any one premise)** | $300,000 |
| **Medical Expense (any one person)** | $10,000 |
| **Hired and Non-Owned Auto** | Include |
| **Employee Benefits Liability** | Include |
| Retro Date: | /     / |

|  |  |
| --- | --- |
| **Apartments – Market Segment Enhancement Endorsement** | Include |
| **Broadened Damage to Premises Rented to You – Per Occurrence** | Include |
| **Equipment Breakdown** | Include |
| Perishable Goods & Expediting Expenses Sublimit | $100,000 |

|  |  |  |  |
| --- | --- | --- | --- |
| Accounts Receivable | $10,000 | Fine Arts | Reject |
| Computer & Funds Transfer Fraud | $25,000 | Outdoor Signs | $10,000 |
| Electronic Data Interruption | $25,000 | Outdoor Property | $50,000 |
| Employee Dishonesty | $10,000 | Forgery and Alteration | $10,000 |
| Fire Department Service Charge | $10,000 (Included) | Valuable Papers and Records | $25,000 |
| Money & Securities: Inside/Outside | $10,000 / $10,000 | Interruption of Computer Ops. | $25,000 |

**Building Limits:**

| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** |
| --- | --- | --- | --- |
| Building Limit: |  |  |  |
| Business Personal Property: |  |  |  |
| Business Income Limit: |  |  |  |
| Deductible: | $1,000 | $1,000 | $1,000 |

**Optional Coverages:**

| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** |
| --- | --- | --- | --- |
| Ord/Law Coverage Blanket 2+3: | $100,000 | $100,000 | $100,000 |
| Water Back-up & Sump Overﬂow: | $100,000 | $100,000 | $100,000 |
| Debris Removal Limit: | $100,000 | $100,000 | $100,000 |
| Tenant's Auto Legal Liability Limit: | $15,000 | $15,000 | $15,000 |
| Selected Deductible: *pick from dropdown* | Each Auto Comprehensive/ Each Incident Comprehensive/Each Auto Collision | | |
| Flood Coverage - $5MM Aggregate Available  Location Limit:  Deductible: | Choose an option | Choose an option | Choose an option |

**Hired AND NON-OWNED Auto COVERAGE**  **REJECTED – Skip to next section.**

*This coverage is not available if applicant owns any commercial vehicles (whether insured or not) or has a commercial auto policy.*

1. Does applicant own any commercial vehicles?  Yes  No

Has applicant had any hired or non-owned auto losses in the past?  Yes  No

1. Are any vehicles rented or borrowed for use in the business besides private passenger vehicles or light trucks?  Yes  No
2. How often are hired and non-owned autos used in the applicant’s business?  Daily  Weekly  Month

Does the applicant obtain motor vehicle records for all employee drivers?  Yes  No

Does the applicant require employees to have their own personal auto insurance?  Yes  No

**If yes,**

What are the minimum liability limits required? $

Does the applicant require evidence of insurance?  Yes  No

1. Does applicant arrange or provide transportation to non-employees, such as tenants?  Yes  No
2. Does applicant ever rent or hire vehicles that includes a driver?  Yes  No

# **AMENITIES AND OTHER EXPOSURES**

**Please indicate any of the following exposures that apply**. *If eligible, we may request additional information for consideration*:

Amusement Devices or Inflatables

Animal exposures (other than domestic pets) including Saddle Animals, Stables, Riding Trails, or Petting Zoos

Daycares, Nannies, Babysitters, Before/After School Childcare – Owner-Operated or Operated by a Third-Party

Indoor or Outdoor Archery, Hatchet Throwing, Paintball, Batting Cages, or similar activities

Firing Range, Trap/Skeet Shooting Ranges, or other activities involving weapons

Beaches, Dams, Marinas, Water Sports including Water Skiing or Jet Skiing

Ski Resorts, Snow Skiing, Snow Sports

Valet Services

Vacant Land, adjacent to the premises, over 5 acres or vacant land of any size undergoing development

Any amenities or services, including the above, made available to the public for a fee or as part of a membership

**Number Of:** **Clubhouse** (sq. ft.)       **Gym/Exercise Room**       Spa/Hot tub(s)

**Dog Parks** (acres)       Parks       Sport Courts**1**

Golf Course (acres)       Playground(s)       Swimming Pool(s)

**1 Sport Court includes baseball fields and basketball, racquetball, shuffleboard, tennis, and volleyball courts**

Other Amenities or Exposures:

**ANIMALS**

Are pets allowed?  Yes  No

If yes,

Are pet owners required to maintain renters insurance at $100,000 or more?  Yes  No

Are there size, breed, and/or exotic animal restrictions?  Yes  No

Please describe:

Is a dog park present?  Yes  No

If yes,

Are rules and regulations posted?  Yes  No

Is the park enclosed by permanent fencing?  Yes  No

Does the park have double entry, self-closing gates?  Yes  No

**CLUBHOUSE -**  **NOT PRESENT (skip remainder of section)**

Is clubhouse rented to others?  Yes  No

If yes,

Rented to:  Tenants only  General Public  Membership or Club Organization  Other Business Organizations

Formal lease/rental agreement used for all renters?  Yes  No

Are renters required to maintain insurance?  Yes  No

**GYM/EXERCISE FACILITY -**  **NOT PRESENT (skip remainder of section)**

Rules and Sanitary Stations posted for everyone to see?  Yes  No

Is facility open 24/7?  Yes  No

If yes, check all the following used:

Security Cameras/CCTV  Swipe/Key card Access  Attendant present 24/7  Other:

Describe equipment provided:

Free Weights  Lifecycle  Step Machine  Treadmills  Circuit Equipment Rowing Machines  Other:

**UNDERGROUND PARKING -**  **NOT PRESENT (skip remainder of section)**

Area of Parking

Number of Levels

Sprinklers Present  Yes  No

Well Lit/Adequate Lighting  Yes  No

Gated Access/Access Card required for use  Yes  No

Security Personnel Present  Yes  No

Security Cameras Present  Yes  No

# **PROPERTY DETAILS**

| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** |
| --- | --- | --- | --- |
| Years owned by applicant: |  |  |  |
| # Seasonal or short-term units: |  |  |  |
| # Subsidized housing units: |  |  |  |
| # Student housing units: |  |  |  |
| # Senior housing units: |  |  |  |
| # Assisted living, nursing, or rehab units: |  |  |  |
| # Employees: |  |  |  |
| # of Evictions in the last 12 months: |  |  |  |
| How is location managed - Insured or Property Management Firm (PMF): | Insured  PMF | Insured  PMF | Insured  PMF |
| Manager on premises: | Yes  No | Yes  No | Yes  No |
| 24/7 Contact for emergencies: | Yes  No | Yes  No | Yes  No |

**BUILDING INFORMATION**

| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** |
| --- | --- | --- | --- |
| Year Built: |  |  |  |
| Total Building Area: |  |  |  |
| # of Stories: |  |  |  |
| # of Units at location: |  |  |  |
| # of Buildings: |  |  |  |
| # of Units per building: |  |  |  |
| Construction Type: | Select an option | Select an option | Select an option |
| EIFS Present? | Yes  No | Yes  No | Yes  No |
| Parking Area (enclosed): | N/A | N/A | N/A |
| **Roof:** |  |  |  |
| Roof Material: | Select an option | Select an option | Select an option |
| Roof Shape: | Select an option | Select an option | Select an option |
| Roof Age: |  |  |  |

# **SECURITY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** |
| Locks changed/re-keyed when residents move out: | Yes  No | Yes  No | Yes  No |
| Is entire complex gated? | Yes  No | Yes  No | Yes  No |
| 24-Hour Doorman Used: | Yes  No | Yes  No | Yes  No |
| 24/7 Security Cameras Monitoring: | Yes  No | Yes  No | Yes  No |
| Any history or incidents of physical or sexual assault, shootings, fatalities, or other types of violence? | Yes  No | Yes  No | Yes  No |
| Does management advise residents of all criminal activity that has taken place on the properties? | Yes  No | Yes  No | Yes  No |
| Is this information provided to prospective renters if requested? | Yes  No | Yes  No | Yes  No |

**Do the residents’ units contain any of the following?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** |
| Pull Cords/Medical Alert Systems | Yes  No | Yes  No | Yes  No |
| Buzzers/Call buttons for guest access: | Yes  No | Yes  No | Yes  No |
| Deadbolts: | Yes  No | Yes  No | Yes  No |
| Lock pins for windows and glass doors: | Yes  No | Yes  No | Yes  No |
| Door viewer or peephole in front doors: | Yes  No | Yes  No | Yes  No |
| Burglar alarm: | Yes  No | Yes  No | Yes  No |

**If security patrols the premises please answer the following questions:**  **Not Patrolled, skip remainder of section**

| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** |
| --- | --- | --- | --- |
| Security Services Used: | Unarmed  Armed  Guard Dogs | Unarmed  Armed  Guard Dogs | Unarmed  Armed  Guard Dogs |
| Are guards employees of management, independent contractor, or off-duty police? | Employee  Police  Contractor | Employee  Police  Contractor | Employee  Police  Contractor |
| For independent contractor, are certificates of insurance required showing AI status to applicant? | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| For off-duty police, are certificates of municipal insurance provided evidencing a "moonlighting" endorsement to allow police to provide services? | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |

# **FIRE PROTECTION AND LIFE SAFETY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** |
| Are there at least 2 means of egress on each floor? | Yes  No | Yes  No | Yes  No |
| Do all buildings/ﬂoors have clearly marked ﬁre exits? | Yes  No | Yes  No | Yes  No |
| If yes, are there illuminated exit signs: | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Emergency Lighting Present: | Yes  No | Yes  No | Yes  No |
| Interior stairways enclosed: | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Stairwells equipped with self- closing ﬁre doors on each ﬂoor: | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Manual Pull Alarms: | Yes  No | Yes  No | Yes  No |
| Window guards installed preventing falls: | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Elevators Present: | Yes  No | Yes  No | Yes  No |
| Elevator Recall Function present? | Yes  No  N/A |  |  |
| Annual service contract in place for each elevator: | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Sprinklers: | Entire Building  Units Only  Common area only  None | Entire Building  Units Only  Common area only  None | Entire Building  Units Only  Common area only  None |
| Standpipes: | Yes  No | Yes  No | Yes  No |
| Annunciator Panels: | Yes  No | Yes  No | Yes  No |
| Fire extinguishers: | All units  Common area only  None | All units  Common area only  None | All units  Common area only  None |
| Smoke detectors in each unit: | Hardwire  Battery  None | Hardwire  Battery  None | Hardwire  Battery  None |
| Smoke Detectors in common area: | Yes  No | Yes  No | Yes  No |
| Carbon Monoxide detectors in each unit: | Hardwire  Battery  None | Hardwire  Battery  None | Hardwire  Battery  None |
| Grilling or Cooking permitted on balconies: | Yes  No | Yes  No | Yes  No |
| Formal inspection program for balconies? | Yes  No | Yes  No | Yes  No |
| Smoking prohibited except in designated areas: | Yes  No | Yes  No | Yes  No |

**VERTICAL OPENINGS, SHAFTS, AND CONCEALED VACANT SPACE EXPOSURES -**  **NOT PRESENT (skip remainder of section)**

1. Are garbage chutes equipped with automatic and latching doors?  Yes  No  N/A
2. Do garbage chutes have automatic dampers connected to smoke & heat detectors?  Yes  No
3. Are there any dumbwaiters (whether in use or not)?  Yes  No

If Yes, have fire stops or other fire protection devices been included to prevent the spread of fire?  Yes  No

1. Are concealed vacant spaces (attics crawl space, lowered ceilings, etc.) equipped with proper fire stops?  Yes  No

# **MAINTENANCE, SUBCONTRACTED WORK, CONTRACTUAL LIABILITY**

**Indicate which of the following services are used to maintain the premises and who provides those services:**

Unit Repairs/Maintenance:  Owner  Employee  Insured Contractor  Uninsured Contractor  N/A – Not Provided

Janitorial Operations:  Owner  Employee  Insured Contractor  Uninsured Contractor  N/A – Not Provided

Lawn care/Landscaping:  Owner  Employee  Insured Contractor  Uninsured Contractor  N/A – Not Provided

Sidewalks Upkeep:  Owner  Employee  Insured Contractor  Uninsured Contractor  N/A – Not Provided

Street Maintenance:  Owner  Employee  Insured Contractor  Uninsured Contractor  N/A – Not Provided

Snow/Ice Removal:  Owner  Employee  Insured Contractor  Uninsured Contractor  N/A – Not Provided

Pest Control:  Owner  Employee  Insured Contractor  Uninsured Contractor  N/A – Not Provided

**Any new construction, demolition, or structural renovations scheduled over the next 12 months?  Yes  No**

If yes, describe type of work and timeline for completion:

**CONTRACTUAL INFORMATION**

For all subcontracted work, does the named insured retain certificates of insurance on file?  Yes  No

If yes, how long are these COIs retained?       Years

Check all the below requirements that are **included in the written contract for** **all subcontracted operations**, including construction, renovation, security, and maintenance. This includes all contractors and persons they may hire.

Written contract outlines the scope of work, responsibilities, and qualifications of all contractors and subcontractors hired.

Contractor required to maintain insurance, including any of the following:

General Liability limits of at least $1M occurrence, $2M aggregate, $2M products/completed operations, $1M PI/AI.

General Liability policy gives AI status to the named insured for ongoing work via a CG2010 or equivalent form.

General Liability policy gives AI status to the named insured for completed work via a CG2037 or equivalent form.

General Liability policy limits apply on a per-project basis, rather than per occurrence, via form CG2503 or equivalent.

Workers compensation including employers' liability limits of $1M/$1M/$1M limits.

Commercial auto insurance of at least $1M CSL for all hired, owned, and non-owned autos used in the scope of work.

Any other lines of insurance relevant to work performed, such as professional or pollution liability, at $1M limits.

Contractor gives AI status to the named insured for all other insurance policies they maintain for the work performed.

Contractor's insurance acts on a primary & noncontributory basis with regards to the named insured's policy.

Contractor must hold harmless, indemnify, and waive all rights of recovery against the named insured for damages.

Contractor must provide our named insured at least 30 days' notice before coverage is terminated or materially changed from the above.

Contractor must provide a certificate of insurance, evidencing the above insurance requirements, to the named insured prior to starting work.

# **WATER HAZARDS**

**SWIMMING POOLS, SPA, HOT TUBS, WADING POOLS** -  **NOT PRESENT (skip remainder of section)**

| **Provide Detail Per Location for each** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** |
| --- | --- | --- | --- |
| # of swimming/wading pools: |  |  |  |
| # of Hot Tubs/Spas: |  |  |  |
| Number of diving boards/platforms: |  |  |  |
| Height of diving boards/platforms: | ft | ft | ft |
| Number of slides/rafts: |  |  |  |
| Height of slides: | ft | ft | ft |
| Pools meet state safety requirements: | Yes  No | Yes  No | Yes  No |
| Any rooftop or above-ground pools: | Yes  No | Yes  No | Yes  No |
| Pool fenced and locked when closed? | Yes  No | Yes  No | Yes  No |
| Lights kept on during evening hours? | Yes  No | Yes  No | Yes  No |
| Depth of pool markings clearly visible? | Yes  No | Yes  No | Yes  No |
| Warning signs and rules clearly posted? | Yes  No | Yes  No | Yes  No |
| Life-safety equipment well-maintained and available at poolside? | Yes  No | Yes  No | Yes  No |
| All pools, wading pools, hot tubs, and spas in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? | Yes  No | Yes  No | Yes  No |
| Equipped with self-closing and  self-latching gates/doors? | Yes  No | Yes  No | Yes  No |
| Pool is completely surrounded by building walls or fence: | Yes  No | Yes  No | Yes  No |
| Height of fence: | ft | ft | ft |
| Perimeter Railings meet code? | Yes  No | Yes  No | Yes  No |
| Pool maintained by applicant or outside contractor? | Applicant  Contractor | Applicant  Contractor | Applicant  Contractor |
| Lifeguards provided: | Yes  No | Yes  No | Yes  No |
| If yes, by applicant or pool management company? | Applicant  Mgmt. Co. | Applicant  Mgmt. Co. | Applicant  Mgmt. Co. |
| If outside contractor, are certificates of insurance on file? | Yes  No | Yes  No | Yes  No |

**LAKES/PONDS -**  **NOT PRESENT (skip remainder of section)**

Indicate which activities are permitted:

None  Fishing  Swimming  Boating  Skating  Ice Fishing  Other:

If activities are permitted:

Are there "no swimming" signs or warning signs present?  Yes  No

For lakes or ponds susceptible to freezing, are signs posted prohibiting activities on ice, such as ice skating or fishing?  Yes  No

Are rules clearly posted?  Yes  No

Boat rental provided (paddle, canoe, and rowboats)  Yes  No

If yes:

Are renters advised to use at their own risk?  Yes  No

Are Coast Guard approved flotation devices provided for all passengers?  Yes  No

Are renters required to sign waivers/hold harmless agreements?  Yes  No

Floor mats or other protective surfaces used to prevent slipping and falling?  Yes  No

Piers present:  Yes  No

If yes:

Are piers maintained by applicant or by a third-party?  Applicant  Third-Party

Annual inspections for structural deficiencies?  Yes  No

# **LESSOR’S RISK AND COMMERCIAL OPERATIONS**

**N/A - Skip to next section**

| **Provide Detail Per Location for each** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** |
| --- | --- | --- | --- |
| Commercial Occupancy Present?  If yes, Owner-occupied or tenant? | Yes  No  Owner  Tenant | Yes  No  Owner  Tenant | Yes  No  Owner  Tenant |
| List all occupants of the building OR attach a tenant list with descriptions |  |  |  |
| Does applicant have ownership, financial, or any other interest in any tenant(s)? | Yes  No | Yes  No | Yes  No |

|  |  |
| --- | --- |
| **Advise Regarding the Following Tenant Occupancies:** | **Location/Bldg** |
| • Office Operations Area:  Any government, police, fire, or medical offices?  Yes  No |  |
| • Restaurant/Deli:      Area  If present, check all that apply:  Bakery/Deli/Coffee Shop, or similar with limited cooking only  Yes  No  BBQ Joint or Korean BBQ Restaurant  Yes  No  Banquet Halls, Buffets  Yes  No  Bar/Tavern/Other Establishments with over 40% liquor receipts  Yes  No  If cooking is done,  Functioning hood and duct fire extinguishing systems in place:  Yes  No  If yes, Semi-Annual Service Agreement in place  Yes  No  Full compliance with local, state, and federal sanitation guidelines  Yes  No  Cooking equipment complies with NFPA 96 Standards  Yes  No |  |
| • Retail/Mercantile occupancy      Area |  |

**LESSORS RISK CONTRACTUAL INFORMATION**

Check all the following requirements that are **included in the written lease** with the tenant:

Tenant is required to maintain insurance, including any of the following:

Tenant maintains liability limits of at least $1M occurrence, $2M aggregate, $2M products/completed operations, $1M PI/AI.

Tenant maintains Damage to Premises Rented to You coverage at minimum $    limits.

Tenant maintains workers compensation including employers' liability limits of $1M/$1M/$1M limits.

Tenant maintains commercial auto insurance for all hired, owned, and non-owned autos pertaining to the business.

Tenant maintains liquor liability insurance, E&O insurance, or related lines of business when relevant to their operations.

Tenant gives additional insured status to landlord on all insurance policies they are required to maintain for their business.

The tenant's policy acts as primary & noncontributory with respect to the named insured's liability insurance.

Tenant must hold harmless and indemnify the landlord for damages.

Tenant must provide named insured at least 30 days' notice to landlord before coverage is terminated or materially changed.

Tenant must provide a certificate of insurance, evidencing the above insurance requirements, to the landlord annually after moving in.

# **BUILDING CONSTRUCTION PRIOR TO 1980**

**N/A - Skip to next section**

| **Provide Detail Per Location for each** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** |
| --- | --- | --- | --- |
| Year of Total Gut Rehab: | N/A | N/A | N/A |
| Is building listed on a Federal, State, or other governmental Historic Register? | Yes  No | Yes  No | Yes  No |

**ELECTRICAL WIRING**

1. Has wiring been fully updated?  Yes  No

If yes, what Year?

1. Age of oldest wiring still in the building: (If fully replaced, enter N/A or year above)

Percentage of building wiring this age:

1. Check all that are present including partial or inactive electrical wiring or fixtures:

Knob and Tube Wiring  Fuses/Fusebox  Partial Copper Wiring with circuit breakers

Aluminum Wiring Federal Pacific Stab-Lok Breaker  Zinsco or Zinsco-Sylvania Systems

None of the above are present and the building uses 100% copper wiring with circuit breakers.

1. Does electrical system supply at least 100 amps?  Yes  No
2. Has an electrician ever inspected the integrity of the system?  Yes  No

If yes, what Year?

**PLUMBING**

1. Has plumbing been fully updated?  Yes  No

If yes, what Year?

1. Check all that are present including partial or inactive plumbing or fixtures:

Copper  PVC  PEC  Galvanized Steel  Lead  Cast Iron  Other

1. Has a plumber ever inspected the integrity of the system?  Yes  No

If yes, what Year?

**HEATING & AIR CONDITIONING**

1. Has HVAC system been fully updated?  Yes  No

If yes, what Year?

1. Check all that are present:

Central Air  Wood or Pellet Stoves  Hot Water/Steam Heaters  Space Heaters  Natural Gas, Oil

1. Has an HVAC contractor ever inspected the integrity of the system?  Yes  No

If yes, what Year?

**ROOF & ROOF COVERING**

**1.** Has roof covering been fully replaced?  Yes  No

If yes, what Year?

**2.** Is a snow removal plan in place that removes snow from the roof?  Yes  No  N/A

**3.** Is there an active maintenance program with annual or (preferred) semi-annual inspection?  Yes  No

If yes, please describe

**4.** Has a licensed roofing contractor ever inspected the integrity of the system?  Yes  No

If yes, what Year?

Per the most recent inspection, is there at least 5 years remaining in the lifespan of the roof?  Yes  No

**POLLUTANTS EXPOSURES**

**1.** Year of most recent environmental inspection confirming building is acceptable for occupancy:

**2.** Have all windows been replaced?  Yes  No

If yes, what Year?

**3.** Is lead paint present in any location?  Yes  No

If Yes, are there written guidelines to check for damage, peeling, or chipping paint?  Yes  No

How often is repainting performed, including trim?

**4.** Is asbestos present in any location?  Yes  No

**5.** Are there plans for any remediation/removal of the above, or other substances, within the next 12 months?  Yes  No

If Yes, describe scope of work and who is performing the work:

# **COMMERCIAL UMBRELLA - ADDITIONAL COVERAGE**

**DECLINE TO QUOTE** **ADDITIONAL POLICY – SKIP REST OF PAGE**

Additional information is required by our umbrella carrier to process a quote for umbrella coverage. Please complete sections A – C as they relate to the applicant. Additional information may be required from information provided in previous sections of this application.

This umbrella coverage cannot extend over other excess liability/umbrella policies.

**Requested Umbrella Limits:** $5,000,000

**A – UNDERLYING POLICY INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line of Business** | **Min. Required Limits** | **Carrier** | **Carried Policy Limits** | **Effective Date** |
| Employers Liability | $500K/$500K/$500K |  | /     / |  |
| Commercial Auto – Owned Autos\* | $1,000,000 CSL |  |  |  |
| Other Commercial Auto – HNOA only | $1,000,000 CSL |  |  |  |
| Other General Liability\* | $1M/$2M/$2M/$1M |  | /     /     / |  |
| Other: \* |  |  |  |  |
| Other: \* |  |  |  |  |

**\* Additional information such as quote proposals, policies, loss runs, or supplemental applications may be required to quote over these additional policies.**

**B – ADDITIONAL EXPOSURE INFORMATION**

**GOLF COURSES -**  **NOT PRESENT (skip remainder of section)**

Number of holes  Yes  No

Is golf open to the public?  Yes  No

Is golf for use by tenants and their guest only?  Yes  No

Any annual events hosted such as tournaments or charity events?  Yes  No

**LESSORS RISK ONLY -**  **NOT PRESENT (skip remainder of section)**

Any commercial tenant with Surgical operations?  Yes  No

Retail Commercial Occupants above 2nd floor?  Yes  No

Is parking open to public for a fee?  Yes  No

If any storage, what is stored?

Are there any new purchases (less than 1 year)?  Yes  No

Total Area – Retail

Total Area – Office

Total Area – Restaurant

Total Area – Warehouse

Total Area – Parking

**C – UNDERLYING POLICY DETAILS**

**COMMERCIAL AUTO POLICY AUTO EXPOSURES -**  **NOT PRESENT**

Has the primary insurance company run current MVR's?  Yes  No

Are all MVR's deemed acceptable?  Yes  No

Class of vehicles Vans Buses/Jitneys

# Light:       Van #:       Bus #:

# Medium:       Description:       Description:

# Heavy:       Capacity:       Capacity:

# Private Passenger:       Usage:       Usage:

# Passenger Vans:       # Buses/Jitneys

**OTHER HIRED AND NON-OWNED LIABILITY -**  **NOT PRESENT**

Are there separate HNOA limits or are they included in the general liability occurrence limits?  Separate  Included

Do this HNOA coverage erode the general liability policy aggregate limits?  Yes  No

Any prior HNOA losses?  Yes  No

**OTHER GENERAL LIABILITY -**  **NOT PRESENT**

Description of Operations:

Any prior GL losses other than what has been previously provided?  Yes  No

*Please attach any supplemental applications, quotes, policies, loss runs, or any other additional information available for this coverage*

# **FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the eﬀective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to oﬀer, or the Applicant to purchase the policy.

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

# **FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS ($5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO. APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner, or executive officer)

PRODUCER’S SIGNATURE: DATE: