

The Insurance Store, Inc.

Apartment Building Program Application

Named Insured:		
Mailing Address:		ZIP Code:
Effective Date:		
Inspection Contact:		
Phone Number:		Fax Number:
Producer Name:		
Producer Address:		

Prior Carrier Name:	
Expiring Premium:	
Expiration Date:	
Proposed Premium:	

Check one:						
Individual	Partnership	Corporation	LLC	Trust	Real Estate Mgmt.	Other

Insured Information

	Yes	No
Are you a developer or builder of the property to be insured?		
If yes, do you carry separate general liability insurance for these operations? Provide policy information for this policy		
Act as a property manager for any properties not included in this submission?		
Do you require your tenants to provide insurance for their units?		
Do you run background checks on tenants prior to renting to them?		
Years in business:		
Number of Owners:		
Additional Owners Names:		

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(One page required for each location)

Location Address:

Please include statement of values breakdown per location per building. Complete page attached.

Bldg Limit		Income Limit	
Contents Limit		Avg. Monthly Rent	
Property Deductible		Other Limit	

Building Construction:			
% Frame:		% Masonry Non-Combustible:	
% Joisted Masonry:		% Mod. Fire Resistive:	
% Non-Combustible:		% Fire Resistive:	
Bldg. Square Footage*		Year Built	
Number of Stories		Elec. Update Year	
Roof Update Year		HVAC Update Year	
Roof Type		Plumbing Update Year	
Protection Class		Plumbing Type	
		AA/RC/FRC/ACV	

* An additional charge/credit will be made for any discrepancy in Square footage or # of units discovered as the result of our site inspection.

Number of Buildings:		Residential Occupancy Rate:		%
Number of Residential Units:				

If bound, ALL non-habitational tenants must provide a Certificate of Insurance and insured must be named as additional insured.

Number of Non-Residential Units:		Non-Residential Occ. Rate:		%
Non residential square footage:				
Non-Residential Occupancy Type/Name:				
1.	2.			
3.	4.			

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Losses

Please list below all losses within the past 5 years (Required prior to quote proposal):
3yr hard copy currently valued loss runs required prior to binding.

Year	# of property claims	# of liability claims	Open/ Closed	Property total incurred	Liability total incurred
Current					
1 st Prior					
2 nd Prior					
3 rd Prior					
4 th Prior					
Totals					

		Yes	No
Smoke detectors? Battery	Hardwired		
If battery detectors, do you have a maintenance procedure?			
Local fire annunciator panel or central station fire alarm?			
Is there a Pool and/or a Jacuzzi?			
If yes, how many? Pool _____ Jacuzzi _____			
If yes, are depths clearly visible?			
If yes, is Pool/Jacuzzi fenced with a self-latching gate?			
If Pool, is there a diving board and/or slide?			
Playground?			
Additional recreational facilities? Type:			
Laundry room?			
Is Laundry facility equipment leased? If yes, provide certificates of insurance.			

Additional Interest

Mortgagee:	
Additional Named Insured:	
Additional Interest Type:	
Mortgagee:	
Additional Named Insured:	
Additional Interest Type:	

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	Yes	No
Aluminum wiring?		
Circuit breakers?		
Is there asbestos present in any building?		
Copper plumbing throughout?		
HVAC under maintenance contract?		
Any wood shake roofing or mansards?		
Any wood shake siding?		
Is the Property occupied on a seasonal basis or partially vacant?		
If yes, how many months occupancy per year or vacancy rate?		
Any marinas, marina operations or boat slips?		
Any ponds, lakes, streams or other body of water on premises?		
Is it fenced?		
Is the property required to carry flood insurance?		
Any parking?		
Type:		
Sq. ft.		
Service contract for fire protection equipment on the property?		
Any senior housing or assisted living?		
If so, what percentage?		
Any student housing?		
If so, what percentage?		
Any HUD, section 8 or assisted or subsidized rentals?		
Type?		
If so, what percentage?		
Any commercial cooking and/or community eating areas?		
If yes, do they have a dry ansul system over the entire cooking Area and is it on a service contract (minimum of quarterly)?		
Is there a manual shut off installed?		
How often are the hoods and ducts cleaned?		
How often are the grease filters cleaned?		
Do they have a deep fat fryer?		
If yes, does it have a high temperature switch?		
Any childcare operations?		
Any Armed security services?		
Any onsite medical staff and/or nurse or nurse aide?		
Any onsite storage of chemicals or hazardous materials?		
Fire extinguishers?		
Fully sprinklered?		

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