**Supplemental Application – Apartments & Condominiums**

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| **Applicant Name:** |  | **Date:** |  |
| **Location Address:** |  | | |
| **Web Site:** |  | | |

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| **Business Information:** | | | | | | | | | | | | | | |
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| Years in business : | | |  | | | Years of experience in this industry: | | | | | | |  | |
| Any prior bankruptcies or liquidations? | Yes | | | No | | | Describe: | |  | | | | | |
| Who is responsible for day to day operations: | | |  | | | | | | | For how long: | | |  | |
| Are tenants screened prior to leasing: | | Yes | | | No | | |  | | |
| Credit check: | | Yes | | | No | | | Criminal check: | | | Yes | No | |
| Are employees screened: | | Yes | | | No | | |  | | |
| References: | | Yes | | | No | | | Prior Jobs: | | | Yes | No | |
| Credit check: | | Yes | | | No | | | Criminal check: | | | Yes | No | |

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| **Premises Information:** | | | | | | | | | | | | |
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| Number of Units at this location: | | | |  | | Number of Buildings at this location: | | | | |  |
| Number of stories: | | | |  | |  | | | | |  |
| When were updates for: - Electricity: | | | |  | | Partial or complete? | | | | |  |
| - Plumbing: | | | |  | | Partial or complete? | | | | |  |
| - Roofing: | | | |  | | Partial or complete? | | | | |  |
| - HVAC: | | | |  | | Partial or complete? | | | | |  |
| What is the occupancy rate? | | | |  | | Percentage owner occupied: | | | | |  |
| Occupancy (percentages): | Elderly | | Subsidized | | | | | Low Income | | Students | |
|  | |  | | | | |  | |  | |
| Are buildings sprinklered? | | Yes | | | No | | Percentage: | | | |  |
| Resident Manager at this location? | | Yes | | | No | |  | | | | |
| Any short-term rentals? | | Yes | | | No | | Describe: | |  | | |
| Are there smoke detectors? | | Yes | | | No | | Hard wired or battery operated? | | | |  |
| Are there fire alarms? | | Yes | | | No | | Central station, local or pull alarms? | | | |  |
| Is there aluminum wiring on premises? | | Yes | | | No | | Describe: | |  | | |
| Is the aluminum wiring repaired? | | Yes | | | No | | Describe: | |  | | |
| Are there any Federal Pacific Stab Lok or Zinsco electric panels? | | Yes | | | No | |  | |  | | |

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| Clearly marked fire exits? | Yes | No | Secondary means of egress on each floor? | | Yes | No |
| Emergency lighting in common areas? | Yes | No |  | |  |  |
| Fireplaces in units? | Yes | No | Annual inspection of fireplaces and venting systems? | | Yes | No |
| Dead bolt locks on doors to units? | Yes | No | Are the locks re-keyed after occupancy? | | Yes | No |
| Are there elevators? | Yes | No | Do you have an agreement with elevator company? | | Yes | No |
| Is there a parking lot located on premises? | | | Yes | No |  | |
| Is the parking lot owned, operated & maintained by applicant? | | | Yes | No |  | |
| What is the size of the parking lot? | | |  | | | |

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| **Pools:**  Check here if no Pools | | | | | | | |
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| How many swimming pools? |  |  |  | | |  |
| Are there any hot tubs? | Yes | No | Is there an automatic shut-off? | | Yes | No |
| Do pools have self-latching doors or gates? | Yes | No |  |  | | |
| Are there any diving boards or slides? | Yes | No | Describe: |  | | |
| Are there life guards on duty? | Yes | No | How often? |  | | |
| Is there rescue equipment such as a ring buoy, shepherds hook or pole? | Yes | No |  |  | | |
| Are pool depths adequately marked? | Yes | No |  |  | | |
| Are pool chemicals properly stored? | Yes | No |  |  | | |

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| **Recreational Facilities:**  Check here if no Recreational Facilities | | | | | |
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| Is there a playground? | Yes | No |  |  |
| Are there any lakes, ponds or boat slips? | Yes | No | Describe: |  |
| Are there any exercise facilities? | Yes | No | Describe: |  |
| Are there any daycare services? | Yes | No | Describe: |  |
| Are there any tennis, basketball or racquetball courts? | Yes | No | Describe: |  |
| Are there any saunas? | Yes | No | Describe: |  |
| Are there any recreational equipment rentals/checkouts? | Yes | No | Describe: |  |

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| **Security:**  Check here if no Security | | | | |
| Are there any employee bouncers? | Yes | No | Are they armed? |  |
| Are there any security guards? | Yes | No | Are they armed? |  |
| Are there any third-party bouncers or security guards? | Yes | No | Are they armed? |  |
| Are there any off-duty uniformed policemen? | Yes | No | Are they armed? |  |
| Are there any ID checkers? | Yes | No | Describe: |  |
| Are there any weapons on premises? | Yes | No | Describe: |  |

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| **Hired & Non-Owned Auto:**  Check here if not requested | | | | |
| Do you verify each employee driving for business purposes has a valid government issued driver’s license and carries sufficient personal insurance in accordance with minimum state insurance requirements? | Yes | No |  |  |
| Do you prohibit business driving rights for any individual with prior incidence of license suspensions, revocations or DUI convictions? | Yes | No |  |  |
| Do you provide off-site catering or delivery services? | Yes | No |  |  |
| Have you had any hired and non-owned auto losses in the past 5 years? | Yes | No | Please attach detailed list of losses. | |
| Do you provide guest shuttle services? | Yes | No |  | |
| Number of employees |  |  |  | |
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| **Representation & Warranty Statement:** | | | | | |
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| I have read this Application and I represent that all of the foregoing statements are true and accurate and that these statements are offered as the basis upon which Promont is considering issuance of an insurance policy. Any missing or erroneous information in this Application may jeopardize coverage in the event of a claim under any policy issued by Promont.  **WARNING:** 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. | | | | | |
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| **Applicant:** |  | **Title:** |  | **Date:** |  |