

SUPPLEMENTAL APARTMENT APPLICATION

MANAGEMENT

Please complete on each location: Premises location _____

1. Who manages the location: On Site Manager Off Site Manager Owner
Total years experience _____ Years at Location _____ Management Training Yes No
IF Yes, Name of training course _____ Completion Date _____
2. Are background and reference checks made before hiring managers? Yes No
3. If the insured uses a property management company, what is the name of the company? _____
Does the insured obtain certificates of insurance from this company for:
Workers Comp Yes No General Liability Yes No
4. Are walk-throughs of apartments performed with tenants at the beginning and end of tenancy? Yes No
5. Are apartment locks re-keyed prior to each tenancy? Yes No
6. Does the Rental agreement include the following statements?
 1. Hold Harmless, regarding activities of the tenants Yes No
 2. Written Community Policies and house rules Yes No

PLEASE INCLUDE A COPY OF RENTAL AGREEMENT AND HOUSE RULES WITH THIS APPLICATION

7. Are **ALL** contractors (i.e. paving, roofing, pool maintenance, gardening, etc) used for maintenance or repair work on the premises **LICENSED** and **INSURED**? Yes No
8. **IF THE OWNER IS A MEMBER OF ANY APARTMENT ASSOCIATION, WHAT IS THE NAME AND MEMBERSHIP NUMBER?** _____ Expiration Date _____

PREMISES/LIFE SAFETY

1. Is there a swimming pool and/or spa? Yes No **IF YES**, is it separately fenced from all units Yes No
Are all entrances to the pool only through self-locking or latching gates or doors? Yes No
2. IF there is a playground on the premises, is all equipment located on a soft surface? Yes No N/A
Is playground located away from streets and other high traffic areas? Yes No Is it fenced? Yes No
3. Does the building have any horizontal railing (handrails, balcony railing) Yes No
If the building has any vertical railings (handrails, balcony railings), are openings four(4) inches or less Yes No
3. If any security measures are employed, (guards, guard dogs, mobile patrols, etc.) please describe: _____

5. Are all units provided with smoke detectors? Yes No
IF YES, are they hard wired Battery operated
IF BATTERY OPERATED are they replace at least once a year? Yes No
How often are all smoke detectors inspected and tested? _____
Are written records maintained? Yes No
6. If units are equipped with gas space heaters (wall furnaces), state the date, and give the company name, when the units were last inspected with measuring instruments to detect possible gas leak: _____
Describe other inspection and maintenance procedures for these units: _____

7. If the premises have automatic or self closing security gates for entrance/exit or garage area, are they on a service Contract? Yes No N/A
8. Is exterior lighting provided for all walkways, stairs, parking/carport areas? Yes No
8. If the premises have enclosed hallways or stairs, are all doors closed and self-closing? Yes No
10. Is Emergency lighting provided? Yes No
IF YES, are all common areas covered (halls, stairs, lobby, etc.)? Yes No
Powered by Batteries Emergency Generator
11. Are illuminated EXIT signs provided? Yes No
12. Is there a manual-pull fire alarm system on each floor? Yes No
IF YES, Connected to central station Local gong only
13. Is the building(s) or any portion sprinklered? Yes No
Describe extent of sprinklers (garage, living units, hallways, etc.): _____
14. Are apartment doors to hallways either solid-core or minimum 20 minute rated? Yes No
15. **ARE TRASH DUMPSTERS STORED NEXT TO OR UNDER ANY PART OF THE BUILDING? ()YES () NO**
16. If the premises have metal safety bars over any bedroom windows, or over sleeping/living room windows, are they Equipped with **Quick release mechanisms**? Yes No

NOTE: IF BUILDING(S) VALUES EXCEED \$3,500,000, AND/OR THERE ARE MULTIPLE BUILDINGS, INCLUDE A PLOT MAP, SHOWING DISTANCES BETWEEN ALL BUILDINGS, CARPORTS, GARAGES, ETC.

Are there any other features or exposures we need to consider? _____
