



Multi Family Supplemental

General Information:

Applicant (Legal Entity Name) \_\_\_\_\_ EIN \_\_\_\_\_

DBA: \_\_\_\_\_ Website Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Flood Zone \_\_\_\_\_ Nature of Business \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Title \_\_\_\_\_

Years owned by applicant: \_\_\_\_\_ Total years property management experience: \_\_\_\_\_

Has the applicant ever filed bankruptcy? \_\_\_\_\_

Is Applicant a Real Estate or Property Management Company? Yes No

Is the location or part of the location a residential retirement center or assisted living center? Yes No

Are there pull cords in the units? Yes No

Percentage of Subsidized Housing \_\_\_\_\_% Type: Hud \_\_\_\_\_ Section 8 \_\_\_\_\_ Section 42 \_\_\_\_\_

If any other type please describe. \_\_\_\_\_

Any Student Housing: Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_ Percentage \_\_\_\_\_ %

Any SRO Rentals? \_\_\_\_\_

Occupancy Percentage \_\_\_\_\_% If less than 80% please explain: \_\_\_\_\_

Fire Protection:

Sprinklers? Yes No All Units: Yes No Common Areas Only: Yes No

Smoke Detectors in each Unit? Yes No Hardwired: Yes No Checked how often? \_\_\_\_\_

Fire Extinguishers? Yes No In Common Areas? Yes No

In Each Unit? Yes No



**Property Information:**

Year Built \_\_\_\_\_ Stories: \_\_\_\_\_ Construction: \_\_\_\_\_ # of Buildings: \_\_\_\_\_

Total Square Footage: \_\_\_\_\_ Total Units \_\_\_\_\_

Any additions/renovations made to original property: \_\_\_\_\_ if yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Roof Type? \_\_\_\_\_ Age \_\_\_\_\_

Electricity type: Fuses \_\_\_\_\_ Circuit Breakers \_\_\_\_\_ Age \_\_\_\_\_

Any Stab-lok fuses present? Y                      N

Type of wiring \_\_\_\_\_ Age \_\_\_\_\_

If Wiring is aluminum, is it remediated? Y                      N

What type of remediation was used? \_\_\_\_\_

**MAINTENANCE:**

Is janitorial, lawn care or snow removal performed Contractor Employee by outside contractors or applicant’s employees? \_\_\_\_\_

If outside contractor, are certificates of insurance on file? Yes    No

Is the applicant named as additional insured on their policy? Yes                      No

Who is responsible for upkeep of sidewalks and driveways? \_\_\_\_\_

**Pool:**

Is there a swimming pool on premises? Y                      N                      Indoor                      Outdoor

Does the pool have a diving board and or slide? Y                      N

Is the pool fenced with a self-closing gate? Y                      N

Does the pool have depth markers, posted hours, and gate locked after hours? Y                      N



**SECURITY**

Is security provided? Yes          No

If yes, what type?          Patrol          Gated access          Alarm systems in each unit

If patrol, please answer the following questions:

Armed or unarmed?    Armed          Unarmed

Are the guards employees of the management or independent contractors? \_\_\_\_\_

**Claim History:**

Number of property claims for the past 5 years? \_\_\_\_\_

Type of Claim: \_\_\_\_\_ Total Payout? \_\_\_\_\_

Any prior losses due to mold? Yes    No    If yes, has mold been completely remediated? Yes    No

Number of General Liability claims for the past 3 years? \_\_\_\_\_

**Please select what coverages you would like quoted:**

Property          General Liability          Excess

Desired Excess Limit? \_\_\_\_\_ (max \$100 Million)

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement or 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.

Applicant name/title: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_