



Multi Family Supplemental

General Information:

Applicant (Legal Entity Name) _____ EIN _____

DBA: _____ Website Address: _____

Mailing Address: _____

Location Address: _____

Flood Zone _____ Nature of Business _____

Property Manager: _____ Phone #: _____ Email _____

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: _____