



Amalgamated Insurance Underwriters, LLC
1 Paragon Drive, Ste 200
Montvale, NJ 07645
800-613-2600

Multi-Family Supplemental

General Information:

Applicant EIN
DBA Website
Location Address
Mailing Address
Nature of Business Years owned Business Years Management Experience
Has the applicant ever filed bankruptcy? Yes No
Is Applicant a Real Estate or Property Management Company? Yes No
Property Manager* Phone #* Email*
Is property manager:* on-site or off-site

Claim History:*

Number of Property Claims in past 5 years? Claim Type: Payout:
Any prior losses due to mold? Yes No If yes, has the mold been completely remediated? Yes No

General Location Information:

Property Type Occupancy Percentage % If less than 80%, please explain
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 Other
Any Student Housing? Yes No Type Percentage % Any SRO Rentals? Yes No
Flood Zone

Building Information:

Year Built: Construction: # of Buildings: # of Stories:
Total Square Footage: Total Units:
Any Additions/Renovations made to original property: Yes No
If Yes, Describe including year (s) completed:

Roof Type: Roof Age: Electricity Type: Fuses Circuit Breakers Age
Type of Wiring: Age: If Aluminum, Remediated? Yes No Remediation Type:
Distance to Fire Hydrant: Distance to Fire Station:

*Required Field



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Sprinkler System: 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

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 applicant named as additional insured on their policy? Yes No

Who is responsible for upkeep of sidewalks driveways? _____

Any person who knowingly and with intent to defraud any insurance company or other person files and 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* _____

Thank you for your business!

*Required Field