



GLOBAL INSURANCE BROKERAGE

Habitational Application

Applicant's Name _____
 Mailing Address _____

 Web site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-mail _____
 Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify) _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Is applicant a Real Estate or Property Management company?..... Yes No

Number of years in business? _____

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

PROPERTY LOCATIONS:

No. Location Name, Street Address, City, County, State, Zip Code

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

A. DESCRIPTION OF LOCATIONS

	Loc. #1	Loc. #2	Loc. #3	Loc. #4	Loc. #5	Loc. #6
Years owned						
Type of occupancy*						
Year built						
No. Stories						
No. Units—total						
No. Buildings						
Total square feet						
Pool?—see Section C.						
Manager on premises?						
If occupancy is other than habitational, please describe the occupancy.						
Square feet						
Monthly rent per unit:						
Apartments: 1 BR						
2 BR						
3 BR						
Other						
Dwellings:						
% of units subsidized						
% of university or college students as tenants						
Subcontracted work—Anticipated cost next 12 months						

*Use alpha code listed for type of occupancy: A—Apartment Building D—Dwelling/one family G—Dwelling/four family
 B—Garden apartments E—Dwelling/two family H—Boarding or rooming house
 C—Apartment hotel/timeshare F—Dwelling/three family

1. Are any of the properties assisted living centers? Yes No
2. Are any of the properties nursing/convalescent homes? Yes No
3. Are any of the properties senior housing? Yes No
4. Are any of the properties housing authorities or do they include subsidized housing? Yes No
If yes, explain: _____

B. RENOVATIONS/YEAR OF UPDATE

Type	Loc. #1	Loc. #2	Loc. #3	Loc. #4	Loc. #5	Loc. #6
Roof						
Plumbing						
Wiring & Electrical						
Paint						
Sidewalks						
Patio balconies/railings						
Parking areas						
Current Renovations:						
Cost/Type of renovation						
Certificates for subcontractors on file?						

C. SWIMMING POOL(S)

- Number of pools: _____ Location number for pools: _____
- Diving boards? Yes No If yes, height: _____
- Slides? Yes No If yes, height: _____
- Underwater lighting? Yes No
- Steps into shallow end with handrails? Yes No
- Ladder at deep end with handrails? Yes No
1. Is the pool area completely surrounded by building walls or fence? Yes No
If yes, height of fence: _____
 2. Are gates or doors opening into the pool area equipped with a self-closing and self-latching device? Yes No
 3. Are the depth markings clearly shown? Yes No
 4. Are warning signs and rules posted and clearly visible? Yes No
Provide wording or photo.
 5. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook, available poolside? Yes No
 6. Is pool maintained by applicant or outside contractor? Applicant Outside Contractor
If outside contractor, are certificates of insurance on file? Yes No
 7. Are lifeguards provided? Yes No
If yes, provided by: Applicant Pool Management Company
If outside contractor, are certificates of insurance on file? Yes No

D. MAINTENANCE

1. Who performs:

Janitorial operations? Contractor Employee

Lawn care operations? Contractor Employee

Snow removal operations? Contractor Employee

If done by outside contractor:

Are certificates of insurance on file? Yes No

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

2. Who is responsible for upkeep of sidewalks and driveways? _____

E. FIRE PROTECTION

1. Sprinklered? Yes No

All units? Yes No

Common areas only? Yes No

2. Smoke detectors in each unit? Yes No

If yes: Hard-wire or battery? _____ How often checked? _____

3. Fire extinguishers? Yes No

In common areas? Yes No

In each unit? Yes No

4. Number of units per fire division: Yes No

F. SECURITY

Completion of Section F. SECURITY not required for dwelling or boarding/rooming house occupancies.

Is security provided? Yes No

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

1. If patrol, please answer the following questions:

a. Armed or unarmed? _____

b. Are the guards employees of the management or independent contractors? Management Independent contractors

If independent contractors, are certificates of insurance required? Yes No

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

c. Is the security twenty-four (24) hours? Yes No

d. What are the guards responsible for? Residents' safety Complex and amenities

2. If gated, please answer the following questions:

a. Is the entire apartment complex gated? Yes No

b. How is access obtained? Guard at gate Card Security code

c. Who is given access? _____

d. If the gate is card or security code access, how often is maintenance done on the gate? _____

What procedure is in place if gate is not working? _____

3. If alarm systems are provided, please provide answers to the following questions:

a. Are alarm systems in every unit? Yes No

b. Are the residents shown how to operate the alarm systems? Yes No

c. Who monitors the alarms? _____

4. Do the residents' doors or windows contain any of the following?

- Viewing windows in front doors
- Lock pins for windows and sliding glass doors
- Window locks/bars
- Dead bolts

5. Master keys and locks:

- a. How does management handle the monitoring of master keys? _____
- b. How are locks handled upon vacancy of residents? Re-keyed Changed completely

6. Criminal incidents:

- a. Does management advise residents of all criminal activity that has taken place upon the properties? Yes No
How is this done? _____
- b. Is this information provided to prospective renters if requested? Yes No

G. OTHER RECREATIONAL EXPOSURES

Number of: Baseball field(s) _____ Lakes/Ponds (acres) _____ Spa/Hot tub(s) _____
 Basketball court(s) _____ Parks (acres) _____ Stables _____
 Beaches _____ Playground(s) _____ Streets/Roads (miles) _____
 Bike trails (miles) _____ Racquetball court(s) _____ Tennis court(s) _____
 Boat slip(s) _____ Saunas _____ Volleyball court(s) _____
 Clubhouse (sq. ft.) _____ Shooting Ranges _____
 Other: _____

Are these available to nonresidents for a fee? Yes No
 If yes, annual receipts: _____

H. During the past three years, has any company canceled, declined or refused similar insurance to the applicant (Not applicable in Missouri)? Yes No

If yes, explain: _____

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

J. Does applicant have other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured: _____

PRIOR CARRIER INFORMATION					
	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy Number					
Total Premium					

LOSS HISTORY—FIVE YEAR PERIOD

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD 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 subjects such person to criminal and civil penalties.

FRAUD WARNING NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

FRAUD WARNING NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

FRAUD WARNING NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK: 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.