



REAL ESTATE SUPPLEMENTAL APPLICATION

GENERAL INFORMATION			
Applicant Name:			FEIN #:
Mailing Address:			
City:	State:	Zip:	
Phone:	Ext:	Website:	
Risk Manager Contact:	Email:	Phone:	Ext:
CEO Contact:	Email:	Phone:	Ext:
CFO Contact:	Email:	Phone:	Ext:

OCCUPANCY

Describe any non-apartment occupancies at the location & provide square footage:

Total Number of Buildings:					
Total Square Footage:					
Avg. Monthly Rental Rate per unit:					
Avg. Building Occupancy Rate (%)					
Retirement, Nursing Homes, Assisted Living, Student or Senior Housing?					
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____					
Check all that apply and advise # of units for each.					
Student housing limited to Graduates only?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Are there any units made available for affordable housing voucher programs such as HUD Section 8	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If so: What is the # of Units?
Other subsidized housing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If so: What type of housing?
Has any property been sold or divested in the past 5 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Are all locations under common ownership/management?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

OPERATIONS

Any current or future plans for renovation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Structural <input type="checkbox"/>	Non-Structural <input type="checkbox"/>
If yes, please describe:						
When vendors/contractors are used, are they required to execute the following?						
a) Hold Harmless that covers the insured for any liability arising out of the contracted work?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
b) Additional Insured status for the Named Insured on a primary, non-contributory basis for all Primary & Excess liability policies?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
c) Provide evidence that contractor's insurance limits/policy meets overall requirements?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Please briefly describe your tenant pre-qualification & approval practices:						
Do you confirm that all vendors' or contractors' GL policies include no "action-over" exclusion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Is snow/tree removal performed in-house or contracted out?	<input type="checkbox"/>	In-House	<input type="checkbox"/>	Contracted		
Are Maintenance logs kept on-premises?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Security Guards on Premises?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Armed Guards present?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Are Armed Guards subcontracted?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Are tenants required to carry a personal Renters Policy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Is there a written eviction policy in place?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Has the Insured granted a Waiver of Subrogation to any tenants?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Please describe any pet policy and whether there are restrictions in the lease prohibiting aggressive breed dogs:						

LIFE SAFETY/COPE									
Security bars on the windows?			Yes		No				
Security bars quick release type?			Yes		No				
Window Guards?			Yes		No				
Fire Alarms			Yes		No	<input type="checkbox"/> Local	<input type="checkbox"/> Central Station		
Smoke Detectors in Each Unit and Common Areas?			Yes		No	<input type="checkbox"/> Hard-Wired	<input type="checkbox"/> Battery		
Converted buildings – buildings originally built for the purpose other than habitational use? Describe:			Yes		No				
Locks re-keyed for new occupants?			Yes		No				
Dead-bolt locks for each unit?			Yes		No				
Carbon Monoxide (CO) Detectors in Unit?			Yes		No				
Emergency Lighting and Illuminated Exit Signs?			Yes		No				
Doorman building?			Yes		No				
Cameras:	Lobby	Exterior	Common Areas			Premises			
Are you named as additional insured by your contractors/subcontractors?			Yes		No				
Who maintains the elevators?									
Any Lead violations over the past 5 years?			Yes		No				
Any prior Lead abatements?			Yes		No				
Any prior bed bug claims?			Yes		No				
Any parking facilities or lots on premises?			Yes		No	If so, are they operated by a 3 rd party?			
Daycare Facilities on premises?			Yes		No				
Are any Playgrounds for tenant use only?			Yes		No				
Total # of Pools across all locations:									
Are Lifeguards present?			Yes		No	Full Time	Part Time		
Hours of Pool operation?		_____ to _____							
Safety Signage located around pool?			Yes		No				
Are pool drain covers compliant with the Virginia Graeme Baker Pool and Spa Safety Act?			Yes		No				
Diving Boards or Slides present?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
Pool lifesaving equipment available?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				

