



# Apartment – Condominium Supplemental Application

Named Insured:

Agent Name and Phone:

Effective Date:

Risk Control Contact Name:

Phone Number:

## Account

1. Please supply the Condominium Board President Name and Phone Number if different from the Risk Control Contact Name and Phone number above.

2. Does the business have a website?  Yes  No  Unknown  
Please provide URL:

Percentage of sales from the internet or e-commerce:

None  less than 10%  10-25%  26-49%  50-74%  75% or more  Unknown

3. Building is occupied by:?

<input type="checkbox"/> Owner	%	<input type="checkbox"/> Vacant or sold but not occupied	%
<input type="checkbox"/> Tenants	%	<input type="checkbox"/> Units not Sold	%
<input type="checkbox"/> Seasonal Tenants	%	<input type="checkbox"/> Unknown	%
<input type="checkbox"/> Vacationers	%		

(a) If tenants or seasonal tenants, what is the average monthly rent?

4. Does a developer have an interest in the Condominium?  Yes  N/A  No  Unknown

5. Does the named insured include the developer or property manager?  Yes  No  Unknown

6. Please check all of the following that apply:

- Full time resident manager
- Owner who resides on the premises
- Full time property management company with 3 years or more experience

## Liability

7. Is there any security staff on the premises?  Yes  No  Unknown

(a) Are they:  Employees  Contractors  Unknown

(b) Are they:  Armed  Unarmed  Unknown

8. Are independent contractors hired to perform maintenance, repair, or other construction work?  Yes  No  Unknown

Please check all applicable:

There is a standard written and signed contract between the business and the contractor.  Unknown

The contract requires the contractor to name the business as an additional insured for both operations and completed operations.  Unknown

The contractor must agree to indemnify and hold harmless the business.  Unknown

The contractor provides a certificate with proof that the contractor has Workers Compensation and General Liability insurance with limits at \$1 million/\$1 million minimum.  Unknown

9. Is there a parking garage?  Yes  No  Unknown

(a) Is the garage:

Above Ground  Below Ground  Unknown

(b) What type of security measures are in place?

Closed Circuit TV  Alarms  
 Security Patrols  Police Patrols  
 Guard  Cardkey  
 Unknown  None

10. Is there an emergency evacuation plan?  Yes  No  Unknown

(a) Are there at least 2 emergency exits in the building(s)?  Yes  No  Unknown

(b) Are there at least 2 enclosed stairwells in the building(s)?  Yes  No  Unknown

(c) Is there emergency lighting in the building(s)?  Yes  No  Unknown

11. How is smoke/fire detected:

Battery Operated Smoke Detectors in all units  Manual Pull Station  
 Hard Wire Smoke Detectors/Hallways and Common Areas  Central Station Alarm  
 Connected to Annunciator Panel  Local Alarm  
 Unknown

12. If the area is subject to snow and ice accumulation, is the occupant responsible for snow and ice removal?

N/A  Yes  No  Unknown

(a) What are the snow and ice removal procedures:

Contracted with local contractor  Maintenance staff  
 Nothing formal  Unknown

13. Does the building have self closing doors?  Yes  No  Unknown

(a) They are in the:  Hallways and/or  Individual Units  Unknown

14. Is tenant access automated and combined with other security systems?  Yes  No  Unknown

15. Is there a playground?  Yes  No  Unknown

(a) Year installed

16. Is there any exercise equipment?  Yes  No  Unknown

What types?

Free Weight(s)  Elliptical Trainer(s)  
 Weight Machine(s)  Stair Climbing Machine(s)  
 Treadmill(s)  Unknown  
 Stationary Bike(s)  Other

Please Describe:

17. Are any of the units senior, subsidized, students or rooming houses?  Yes  No  Unknown

18. Is there a swimming pool or other bodies of water?

- Yes, pool                       Yes, body of water                       No                       Unknown
- Lifeguard on premises                       Fully fenced  
 Jacuzzi                       Diving board or slide  
 Depth markers                       Sauna  
 Lake                       Rules Posted  
 Diving board or slide                       Corded off swimming area  
 Pond                       Lifeguard on premises  
 Other bodies of water

Please Describe:

19. Are there any sun tanning booths/beds?

- Yes     No     Unknown

**Property**

20. Is there an automatic sprinkler system?

- Yes     No     Unknown

(a) What percent of the building is sprinklered?

- 90-100%                       50-89%                       Less than 50%                       Unknown

(b) If less than 90% of the building is sprinklered, what portion is sprinklered?

(c) Age of sprinkler system

- less than 10 yrs     10-25 years     26-49 years     50 or more years     Unknown

(d) Type of sprinkler system     Life Safety System     Full Fire System

- Wet                       Dry                       Other                       Unknown

Please Describe:

(e) Was sprinkler system designed for present occupancy?

- Yes     No     Unknown

(f) Is a subcontractor responsible for sprinkler system inspection, testing and maintenance?

- Yes     No, Self Maintained     Unknown

Name of subcontractor:

(g) How often is the sprinkler system maintenance and inspection performed?

- Monthly     Quarterly     Semi Annually     Annually     Unknown

(h) Are sprinkler alarms installed?

- Yes     No     Unknown

Are they:     Water Flow                       Valve Closure     Unknown

21. Is there a Closed Circuit TV System?

- Yes     No     Unknown

(a) Is it monitored 24 hours/day?

- Yes     No     Unknown

22. Are facilities building systems, equipment maintenance and overall facilities inspections performed?

- Yes     No     Unknown

(a) When are they performed?

- Scheduled                       As Needed                       Breakdown                       Unknown

(b) What areas are reviewed?

How Often?

What is the year of last improvement or upgrade:

- |   |           |      |
|---|-----------|------|
| <input type="checkbox"/> Roof               | Frequency | Year |
| <input type="checkbox"/> Electrical         | Frequency | Year |
| <input type="checkbox"/> Plumbing           | Frequency | Year |
| <input type="checkbox"/> HVAC               | Frequency | Year |
| <input type="checkbox"/> Common Areas       | Frequency | Year |
| <input type="checkbox"/> Emergency Lighting | Frequency | Year |
| <input type="checkbox"/> Exit Signs         | Frequency | Year |
| <input type="checkbox"/> Unknown            |           |      |

23. What is the construction of the roof covering material?

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Asphalt Shingle | <input type="checkbox"/> Wood Shake |
| <input type="checkbox"/> Tar and Gravel  | <input type="checkbox"/> Metal      |
| <input type="checkbox"/> Other           | <input type="checkbox"/> Unknown    |

Please Describe:

24. Is there aluminum wiring in the building(s)?  Yes  No  Unknown
25. Is there aluminum siding on the building(s)?  Yes  No  Unknown
26. Are there any fireplaces?  Yes  No  Unknown
- Are they:  Wood  Gas  Wood and Gas
27. Is there a written policy regarding grilling on balconies?  N/A  Yes  No  Unknown

28. Please fill in the following for each location on the schedule. (Please insert additional locations in the comments section if there are more than five locations).

Location	Total # of Units	# Bldgs at this location	Smallest Distance between Bldgs	Max # Stories at any one Bldg

29. Has there been any water damage in the past 3 years, including plumbing leaks?  Yes  No  Unknown

30. Please supply a plot map and loss runs.

Additional Comments:

## FRAUD STATEMENT

**Please read the statement applicable to your state. If your state and/or Line of Business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application.**

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA FOR AUTO:** IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** 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 of the third degree.

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE:** 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.

**MASSACHUSETTS FOR AUTO: NOTICE:** If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

**MINNESOTA:** A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK FOR AUTO:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY,

COMMITTS 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 VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION. **FOR OTHER LINES OF BUSINESS:** 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.

**OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

**PENNSYLVANIA:** 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 COMMITTS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*

DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?

\_\_\_\_\_ **YES**

\_\_\_\_\_ **NO**

**TENNESSEE FOR WORKERS COMPENSATION:** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits. **FOR OTHER LINES OF BUSINESS:** 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.

**UTAH FOR WORKERS COMPENSATION:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**VERMONT:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

**VIRGINIA:** 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.

**WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and civil penalties. Not applicable in Nebraska.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE