ADMIRAL INSURANCE COMPANY *A Berkley Company®*

APARTMENT QUESTIONNAIRE

Applicant Name:

Mailing Address:

Property Name and Address:

Agent's Name

Mailing Address:

Proposed Effective Date:

From:

To:

12:01 A.M, Standard Time at the address of the Applicant

1) Interest in Property: ○ Owner   ○ Manager

If Owner, Name of Property Management Firm:

Is the Property Management Firm required to maintain Commercial General Liability Insurance with minimum $1,000,000 limits and to include you as an Additional Insurance?   ○ YES   ○ NO

2) Year you first owned or managed the property:

3) Age of Building (s)

4) Age of Roof:

5) Number of Stories:

6) Number of Units

7) Percentage Occupied:

8) Percentage Students

9) Percentage Subsidized

10) Percentage Elderly

11) Construction

12) Protection Class

13) Percentage Sprinklered

14) Types of Systems (Electric/Gas/Steam/Other):

		Date of Last Maintenance	(records on file):
Heating			○ YES ○ NO
Air Conditioning			○ YES ○ NO
Water Heater			○ YES ○ NO
Boiler			○ YES ○ NO

15) Building Wiring: ○ Copper   ○ Aluminum - If aluminum, is wiring pigtailed or COALR?   ○ YES   ○ NO

204APP1203

16) Smoke Alarms: ○ Hardwired   ○ Battery

    If hardwired, are the alarms tied to a central station?   ○ YES ○ NO

    If battery, is there a written procedure for routine inspection and replacement?   ○ YES ○ NO

    Details? [   ]

17) Other Fire Safety Systems (if any): [   ]

18) Is the complex in compliance with all applicable state and local statutes governing safety devices?   ○ YES ○ NO

19) Is the complex demastered?   ○ YES ○ NO

    If no, who has access to the key system and what are the procedures for protecting the master key?

[   ]

20) Are keys coded and adequately protected?   ○ YES ○ NO

21) Are all units re-keyed prior to leasing to new tenants?   ○ YES ○ NO

22) Are individual unit doors secured by double clocks and peep holes?   ○ YES ○ NO

23) Does the complex have limited access perimeter fencing?   ○ YES ○ NO

24) Are all areas of the complex covered by security lighting?   ○ YES ○ NO

25) Do you contract with a security guard service for onsite security?   ○ YES ○ NO

    If yes, is the service required to maintain CGL insurance with minimum $1,000,000 limits and to include you as an Additional Insured?   ○ YES ○ NO

26) Do you perform police background checks on all employees?   ○ YES ○ NO

    If yes, what is your criteria for declining or discontinuing employment?

[   ]

27) Do you have written procedures for notifying tenants of any known or suspected criminal activity in the complex or in the vicinity of the complex with records retained for at least two years?   ○ YES ○ NO

    Description? [   ]

28) Do you have a written procedure for responding to tenant complaints concerning safety-related issues with records retained for at least two years?   ○ YES ○ NO

    Description? [   ]

29) Do you have a full time maintenance staff? ○ YES ○ NO

   If yes, do you have written procedures for inspecting and maintaining building systems and for maintaining written records

   of such work? ○ YES ○ NO

30) Do you hire contractors to perform building and/or site maintenance such as systems inspection and and repair, snow and ice

   removal, landscaping, etc.? ○ YES ○ NO

   If yes, please provide details: _____

   If yes, are contractors required to maintain CGL insurance with minimum $1,000,000 limits and to include you ○ YES ○ NO
   as Additional Insured?

   If no, please explain _____

31) Do you have written procedures for responding to tenant complaints concerning building, property or systems-related issues

   with records retained for two years? ○ YES ○ NO

   Description? _____

32) Swimming Pools:

Number	_____	Height of Diving Boards:	_____
Pool Fenced	○ YES ○ NO	Length/Height of Slides:	_____
Gates Self-Latching	○ YES ○ NO	Fence Height	_____
Lifeguard on Duty	○ YES ○ NO	Depth Markers Visible from Pool Deck	○ YES ○ NO

   Frequency of Pool Water Inspections & _____
   Maintenance

   Pool Hours: _____

33) Is a nursery or day care facility located in the building or complex? ○ YES ○ NO

34) Do you have written procedures prohibiting your employees from keeping dogs on or around the property? ○ YES ○ NO

   Does your lease agreement prohibit your tenants from keeping dogs on or around the property? ○ YES ○ NO

   If no to either question, please indicate the maximum weight limit allowed: _____

35) Do you directly or indirectly provide medical, food or transportation services to tenants? ○ YES ○ NO

36) Please describe other buildings, facilities or unusual hazards on the property such as unfenced water, fitness facilities, sports
   fields/courts or clubhouses used for events sponsored by you or rented to others:

   _____

37) Do you own or control parking facilities? ○ YES ○ NO

If yes, is access controlled? Please describe

38) Do you have written procedures for regular inspections of your premises to identify potential liability hazards and to assure all necessary corrections and repairs are made and are records of such inspections retained for at least two years? ○ YES ○ NO
Please describe

39) Has your insurance agent completed a physical inspection of the property within the last year? ○ YES ○ NO
If yes, please attach a copy

☐ I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Current Date:

Title

If you prefer not to return application with an electronic signature, please print and sign below:

Type or print your name & title

Current Date:

Type or print your phone number

Type or print your e-mail address