



Insured _____ Date: _____

GENERAL INFORMATION

_____ Year Built When were the following updates performed?

Heating: _____

Electrical: _____ Is wiring aluminum? _____ (Aluminum wiring is prohibited)

Plumbing: _____

Total # of units: _____ How many units have the following exposures?

_____ Condominium Units _____ #Townhouse Units _____ #Single Family Homes

_____ Assisted living, adult foster care, halfway house, homeless shelter or rehabilitation centers (All prohibited)

_____ Timeshares (Prohibited under Condo program – may be eligible under another class)

_____ Units rented versus owner occupied

- Have there been any incidents of unlawful eviction within the last 3 years? _____
- Have there been any violations of any city, county or state housing code within the last three years? _____

Is construction completed on all units? Yes No Are any units unsold? Yes No

Are there any condo conversions? Yes No

Undergoing major structural renovations Yes No If "yes" then Prohibited

Stories _____ If over 4 stories confirm building is 100% sprinklered, masonry non-combustible (or better) construction, life safety standards are met and an elevator maintenance agreement is in effect.

Streets or roads: Controlled by the insured? _____ If yes, how many miles? _____

LIFE SAFETY & SECURITY

_____ Confirm Fire Extinguishers are adequately placed and service tags are current.

_____ Confirm security guards are not armed and certificates of insurance obtained. (Armed guards are prohibited)

_____ Confirm smoke detectors are in each unit. Battery () or Hardwired ()

RECREATIONAL FACILITIES

_____ Baseball diamonds, basketball, racquetball, shuffleboard, tennis or volleyball courts

_____ Beach fronts or lakes. Acres of each lake _____

_____ Bicycle trails Miles of each _____

_____ Clubhouses – sq footage of clubhouse _____ # Convenience Stores _____ # Fitness Centers _____

_____ Dams (Prohibited)

_____ Docks, # Slips _____ # Boat ramps _____

_____ Marinas open to the public – (Prohibited)

_____ Playgrounds or parks? Acres of parks _____

_____ Saddle animals for hire (prohibited)

_____ Swimming Pools #Saunas _____ #Spas _____

Confirm pools are fenced with self-latching gates Yes No

Confirm rules, hours and depth markers posted Yes No

Confirm life safety equipment is available Yes No

Confirm no slides or diving boards over 1 meter or 3 feet Yes No

Confirm lifeguard is on duty if slide or diving boards present Yes No

Describe all losses in the past 3 years: _____

Has insurance been canceled or non-renewed in the past year for non compliance of recommendations? _____

Has applicant filed Bankruptcy (Chapter 7, 11 or 13) or is applicant in receivership? Yes No (prohibited)

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____