



Apartment Application

Location # _____
Full Ownership Name _____

Mailing Address _____
City, State, Zip _____ Telephone # _____
Contact Person _____ Fax # _____
Location Name _____
Location Address _____
City, State, Zip _____

Effective date: _____ Coverages: Property ___; GL ___; Umbrella ___; Boiler & Machinery ___

Limits: Building \$ _____ Contents \$ _____ Gross potential annual rents \$ _____

Underwriting:

Year built	_____	% Occupied	_____	% Assisted Living	_____	Year Updated	_____
Bldg construction	_____	% Subsidized	_____	# of pools	_____	Gross sq Ft	_____
Roof construction*	_____	% Senior Housing	_____	# of units	_____		
Wiring Type*	_____	% Student Housing	_____	Sprinklered	_____		
# of Stories (Incl Basement)	_____	County	_____	Circuit Breakers	Yes <input type="checkbox"/> No <input type="checkbox"/>		
# of bldgs incl all except carports	_____	Protection Class	_____	Fuses present	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Property under renovation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Commercial Exposure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bars on Windows?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Graffiti present?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Commercial occp type?	_____	Panic Release on bars?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Deferred Maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Commercial Sq Ft	_____	Smoke Detectors?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
5' Pool Fence provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Chain-link?*	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Self-Locking pool gate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Depth Markers?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Diving Board?	Yes <input type="checkbox"/> No <input type="checkbox"/>						

Other recreation facilities (describe) _____

***Wood shake roofs, aluminum wiring, and chain-link pool fences are not acceptable**

LOSSES: Mandatory - 3-year loss runs must be provided with application

LENDER ADDITIONAL INSURED

Name _____

Address _____

Contact Name _____ Phone Number _____

Loan Number _____ Fax Number _____

Completed by (Please Print) _____ Date _____

Owner's Signature _____ Title _____

Producing Agent _____ Agency _____

ALL QUESTIONS MUST BE ANSWERED FULLY AND OWNER'S SIGNATURE IS REQUIRED FOR QUOTE-ATTACHED SEPARATE SHEET IF NECESSARY