



APARTMENT SUPPLEMENTAL APPLICATION

(Complete in addition to Acord App)

APPLICANT INFORMATION:

Name: _____
 Years: _____
 Owned: _____

PROPERTY LOCATIONS:

Loc. No.	Street Address, City, State, Zip

DESCRIPTION OF LOCATIONS:		Loc. No.					
Occupancy: (Choose one)	Apartment Building	<input type="checkbox"/>					
	Rooming or Boarding House	<input type="checkbox"/>					
	Apartment Hotel	<input type="checkbox"/>					
Number of Units:							
Number of Stories:							
Percent occupied: (%)							
Wiring - Confirm if any are present:	Fuses?	<input type="checkbox"/>					
	Knob & Tube?	<input type="checkbox"/>					
	Circuit Breakers?	<input type="checkbox"/>					
	(If YES , mark any of the following)						
	• Challenger	<input type="checkbox"/>					
	• Federal Pacific Stab-Lok	<input type="checkbox"/>					
	• GTE Sylvania	<input type="checkbox"/>					
	• Pushmatic	<input type="checkbox"/>					
	• Zinsco	<input type="checkbox"/>					
• None of the Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aluminum Wiring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES , repaired via Copalum or Alumniconn connectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handicapped/Disabled Housing Facility?		OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Assisted Living or Dedicated Senior Housing?		OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Are more than 30% of tenants College students?		OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Are more than 30% of tenants subsidized? (not applicable in NY)		OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Is parking provided for a charge?		OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Plans for any major renovations (Cost more than 20% of building value)?		OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
If work subbed out, are COI's obtained from all contractors?		OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Signs posted on property informing tenants/visitors of construction/routine maintenance?		OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo
Procedures in place to ensure adequate snow and ice removal, where applicable? <input type="checkbox"/> N/A		OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo	OYes ONo



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DESCRIPTION OF LOCATIONS:	Loc. No.					
Any prior history of bedbugs or of other bug infestations?	<input type="radio"/> Yes <input type="radio"/> No					
Are there smoke detectors:	<input type="radio"/> Yes <input type="radio"/> No					
If YES, procedures in place to ensure units are fully operational?	<input type="radio"/> Yes <input type="radio"/> No					
• Hardwired?	<input type="radio"/> Yes <input type="radio"/> No					
• Battery?	<input type="radio"/> Yes <input type="radio"/> No					
Where are they located?						
• Individual Units	<input type="radio"/> Yes <input type="radio"/> No					
• Common Areas	<input type="radio"/> Yes <input type="radio"/> No					
Are there security Guards on Premises?	<input type="radio"/> Yes <input type="radio"/> No					
If YES, are the guards armed?	<input type="radio"/> Yes <input type="radio"/> No					
Secondary means of egress provided if over two stories?	<input type="radio"/> Yes <input type="radio"/> No					
Premises lighting in parking areas, walkways and common areas?	<input type="radio"/> Yes <input type="radio"/> No					
Any Assault & Battery incidents in complex during the past five years?	<input type="radio"/> Yes <input type="radio"/> No					
Is there a Playground on premises?	<input type="radio"/> Yes <input type="radio"/> No					
Type of Equipment:						
Any gyms or healthcare facilities (sauna, yoga, studio, etc.)?	<input type="radio"/> Yes <input type="radio"/> No					
If YES, provide description:						
Are grills allowed on decks?	<input type="radio"/> Yes <input type="radio"/> No					
If YES, what are the stated requirements:						
Any lake or pond exposure (other than decorative)?	<input type="radio"/> Yes <input type="radio"/> No					
Any owned docks/piers?	<input type="radio"/> Yes <input type="radio"/> No					
If YES, describe length and use of dock:						
Number of boat slips:						



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DESCRIPTION OF LOCATIONS:	Loc. No.					
Any other recreational facilities?	<input type="radio"/> Yes <input type="radio"/> No					
If YES , describe:						
Is there a swimming pool?	<input type="radio"/> Yes <input type="radio"/> No					
If YES , how many?						
If YES (select all that apply)						
• Diving Board	<input type="checkbox"/>					
• Depth Marked	<input type="checkbox"/>					
• Slide	<input type="checkbox"/>					
• Non-Slip Surface	<input type="checkbox"/>					
• Lifeguards on Duty when open	<input type="checkbox"/>					
• Warning Signs and Rules Posted	<input type="checkbox"/>					
• Pool Completely Fenced With Self Locking Gates	<input type="checkbox"/>					
• Life Safety Ring Buoy	<input type="checkbox"/>					
• Scheduled Maintenance in Place	<input type="checkbox"/>					
Does the pool comply with the requirements of the Federal Virginia Graeme Baker Pool/Spa Safety Act?	<input type="radio"/> Yes <input type="radio"/> No					
Any whirlpools or hot tubs?	<input type="radio"/> Yes <input type="radio"/> No					
If YES , how many?						
Are rules and instructions posted?	<input type="checkbox"/>					

STATE FRAUD STATEMENTS

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

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 your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 claimants with regard to a settlement or award payable for 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 containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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 denial of insurance benefits.



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

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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: 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 the 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 an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island: 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.

Tennessee: 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.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

Washington: 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.

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____

Title: _____

Agency: _____

Producer Code: _____

Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance**