

APARTMENTS, CONDOMINIUMS - QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

If the business maintains a web site, state the address: _____

GENERAL INFORMATION

1. Type of Property: Apartment Multi Family Dwelling(s) Single Family Dwelling(s) Condominium
2. Business Structure:

<input type="checkbox"/> Owners Assoc.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Corporation	<input type="checkbox"/> Estate or Trust	<input type="checkbox"/> Other: _____
3. Is there a property manager? Yes No
4. Does owner or manager live on the premises? Yes No
5. Are there any outstanding municipal code violations? Yes No
 If yes, explain. _____
6. Are references checked on rental applicants? Yes No
7. Are there any mercantile occupants? Yes No
 If yes, explain. _____
8. What are the average monthly rents? _____ 1 Bedroom _____ 2 Bedroom _____ 3 Bedroom
9. Do you build apartments, or are you remodeling apartments into Condominiums? Yes No
 - a. Is anyone else doing so on your behalf? Yes No
10. Have you declared bankruptcy (Chapters 7, 11, or 13) within the last 5 years? Yes No
11. Is there EIFS or DEFS (Synthetic Stucco) siding? Yes No
12. Have there been any prior sexual/physical assaults on the premises? Yes No
 If yes, explain. _____

PROPERTY INFORMATION

13. Year built: _____
14. Any buildings with aluminum wiring? Yes No
15. Percent of units:

Held for rent: _____%	Student housing: _____%	Subsidized or HUD housing: _____%
Senior housing _____%	Owner occupied: _____%	Total occupancy: _____%
16. Are there fire extinguishers on premises? Yes No
17. Is there a central station fire alarm? Yes No
18. Is there an automatic sprinkler system? Yes No
19. Are barbeque grills allowed on outside balconies or decks? Yes No
20. Any Laundry Chutes? Yes No
 If yes, are they cut-off on each floor? Yes No

21. Are there trash Chutes? Yes No
 If yes are they cut off on each floor? Yes No
 Any Protection? Yes No
22. Number of Laundry Rooms: _____
 Are dryers properly vented to outside? Yes No
23. Number of Elevators: _____

LIABILITY

24. Dead bolts on all doors? Yes No
25. Peep holes on all doors? Yes No
26. Any sliding glass doors? Yes No
27. Pin locks on sliding glass doors? Yes No
28. "Charlie bars" on sliding doors? Yes No
29. Is this a gated project with limited access? Yes No
30. Are all units re-keyed prior to leasing to a new tenant? Yes No
31. Are the records regarding re-keying of apartments kept? Yes No
32. Are any guarantees or warranties about safety supplied to tenants or potential tenants? Yes No
33. Is security provided? Yes No
 If yes, list the hours of service: _____
34. Are the guards armed? Yes No
 Name of security firm: _____
35. Are there heat and smoke detectors in all units? Yes No
36. Do all buildings have smoke detectors in all apartments? Yes No
 If battery operated, how often are batteries check and replaced? _____
37. Is there emergency lighting? Yes No
38. Are exits marked with EXIT signs? Yes No
39. Surface of parking lot: Gravel Concrete Asphalt No Parking
 Is the parking lot lit? Yes No

RECREATIONAL FACILITIES

40. Complete the Swimming Pool Water Features Questionnaire if applicable to this risk. [CGE 160 \(1/1/2008\)](#)
41. Is there a fitness center? Yes No
 If yes, is a key necessary for entry? Yes No
42. Other Activities? Yes No
 If yes, please describe: _____
43. Playground Equipment? Yes No
 If yes, describe equipment: _____
44. Is there a clubhouse or party room? Yes No
 If yes, describe use. _____



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address