

SUPPLEMENT – APARTMENT AND CONDOMINIUM COMBO (7/8/05)

Please complete a questionnaire for each location. Use comments section also to show “NA” if applicable (Combo Contains Apt/Condo, Building Age, NOA, D&O)

Insured				
Location				
General Information				
1	Number of buildings		Average distance between buildings	
2	Average monthly rents per unit?		Total number of units?	
3	Total square foot area of buildings		Area of garages/carports?	
4	Number of vacant units?		Type of Roof?	
5	Number of units that are Section 8 or have rent subsidies			%
6	Number of units in each building that are occupied by student tenants			%
7	If new purchase, did you obtain loss runs from prior owner?			
8	List any other occupants like stores or offices by type.			
Management Related Questions		Yes	No	Comments
9	Has insured ever been a contractor or developer?			
10	Does a professional management firm manage the complex?			
11	Is there a resident or on-site manager?			
12	Does management require a background check on new employees?			If no, please explain.
13	Does management maintain a complaint and repair log for each complex?			
14	Does management inspect each apartment at least semi-annually?			
15	Does the lease require apartment tenants to carry Tenant’s Homeowner’s Insurance?			
16	Does management allow tenants to have pets?			If yes, list types
	If yes show the weight restriction or breed restriction for dogs			
Fire Related Questions		Yes	No	
17	Are there smoke alarms in all living units including bedrooms, halls and stairs?			If no, please explain.
	Do you have battery or hard wired smoke alarms?			
	Do you keep a log of checking smoke detector batteries semi-annually and replacing batteries annually?			If no, please explain.
18	Do you allow barbecues on balconies or decks?			If yes, please explain
19	Is there any aluminum wiring in any building?			If yes, please explain.
General Liability Questions		Yes	No	
20	Are any vertical railing spaced 4” or less			If no, please explain.
	If the spacing is more than 4” what is it?			
21	Are the railings horizontal?			
	If the railings are horizontal are they covered on the inside to prevent climbing?			
22	Is emergency lighting provided in interior halls?			
23	Are exits from interior halls marked and illuminated?			
24	Does the complex have an exercise room?			

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	If yes is it leased and who is responsible for maintenance of equipment?			
25	Are there any pools?			If yes, how many?
	Do the pools have self closing, self locking gates			If no, please explain
	Do the pools have diving boards or slides?			
26	Are there children’s playgrounds on premises?			
27	When there is snow or ice present, do you have a procedure for removal within a few hours?			
28	Does the complex have any stream, pond or lake?			If yes, what is the depth
29	Is the complex within 500 feet of an ocean or lake?			
30	Is there any asbestos in any of the buildings?			If yes, please explain
	Condominium Questions	Yes	No	NA
31	Has the agent reviewed the by-laws or CCR’s?			
32	What percentage of total units are rented to others?			
33	Do the by-laws require unit owners to carry HO6 – Condominium Homeowners Insurance?			
34	Does the developer/builder own any of units?			If yes, how many?
	Construction Defect Litigation Questions			
35	Are there any know construction defects?			If yes, please explain below
36	Are you involved in any litigation regarding construction, maintenance, or service of the premises?			If yes, please explain
	ADDITIONAL COMMENTS			

SUPPLEMENTAL BUILDING QUESTIONNAIRE (4/2005)

	Yes	No	Explanation
1. Has electrical/wiring system been updated to current Building Code standards? (i.e. 12 gauge with ground wire, metal boxes, circuit breakers?)			If yes, when and how?
2. Complete overload protection by circuit breakers?			If no, explain.
3. Has the plumbing system been updated to meet current Building Code standards?			If yes, when and how?
4. Does the drinking water system use copper or PVC piping?			If no, please explain
5. Age of hot water system:			Type of hot water system (gas, electric, steam and central, or individual)?
6. Has the heating system been updated to meet current Building Code standards?			If yes, when and how?

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7. Age of heating system:			Type of heating system (gas, electric, steam and central or individual)?
8. Has the roof been replaced?			When? Type of roof?
9. Are there any unprotected vertical openings (stairways, laundry or trash chutes)?			If yes, explain
10. Are all fire doors rated for one hour protection?			If no, explain
11. Are the concealed spaces or attic used for storage?			If yes, explain
12. Are there any fire or draft stops in concealed spaces or attic?			If no, explain
13. Are the surrounding buildings in good condition and maintenance?			If no, explain
14. Was the building built for its present type occupancy?			If no, explain.
Comments:			

SUPPLEMENTAL NON-OWNED AND HIRED QUESTIONNAIRE (4/2002)

	Yes	No	Explanation
1. Do you own or lease any commercial autos for use in this business?			
2. Do you have commercial auto coverage elsewhere?			If yes, where?
3. Do any employees use their personal vehicles for business purposes?			If yes, explain.
4. How many employees do you have?			
5. How frequently do your employees use their personal vehicles?			
6. Do you require proof of personal automobile insurance from any employee who drives their car on company business?			If yes, what Automobile Liability Limit is required?
7. Do you provide valet parking?			If yes, describe.
8. Do you regularly rent or borrow vehicles for use in this business?			If yes, explain
Comments:			

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Supplemental Directors and Officers Application (10/2004)

NOT AVAILABLE IN CALIFORNIA

	Yes	No	Explanation – use comments section
1. Have there been any D&O claims made against the association in the past 5 years?			If yes, total amount, when and nature of claim(s)?
2. Is this the first time the association has purchased D&O Insurance?			If yes, explain.
3. Has the association’s current D&O policy been cancelled or non-renewed by the carrier?			If yes, when and reason?
4. Does the association have any major building or renovation projects in the next year?			If yes, show project details and if there will be a special assessment?
5. Is the association controlled by the developer/contractor?			If yes, explain.
6. Have there been any major conflicts between the Board and the unit owners within the past 3 years?			If yes, explain.
7. Does the Board require two signatures on checks?			
8. Is the Association professionally managed?			
9. Prior carrier on D&O coverage?			Retroactive date: _____
Other information			
10. A copy of the latest Minutes of the Board Meeting and/or Association Newsletter will be helpful.			
11. Please submit loss run from D&O carrier for past 4 years, if not included in package loss information.			
12. Type of Association?	Condominium		Cooperative
13. Number of Builder/Developer Controlled Board Seats?			
14. Percentage of units sold?			
15. Average unit value?			
16. Balance in Reserve Account for capital improvements?			
17. When was last audit of books performed?			
18. Total number of units?		Number owner occupied?	# Leased?
19. Number of units owned by a single investor?			
20. Does Board review covenants, conditions and restrictions annually?			
Comments/explanation for any answers above needing clarification.			
SIGNATURE AND DATES BELOW APPLY TO ALL APPLICABLE SUPPLEMENTS THAT YOU COMPLETED IN THIS FORM			
Applicant Signature	Date	Producer Signature	Date