

MAIN SALES INSURANCE SOLUTIONS, INC

APARTMENT SUPPLEMENTAL

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 with the following exposures:
_____ Assisted living, adult foster care, halfway house, homeless shelter or rehabilitation centers (All prohibited)
_____ Converted to condos
_____ Subsidized housing including housing authority (Prohibited if over 25%)
_____ Student housing (Prohibited if over 25%)
_____ Single family dwellings (If over 10, coverage is prohibited)
_____ Spaces used as Mobile home parks or courts (Not Eligible for Apartment Program)
_____ Timeshares (Not Eligible for Apartment Program)
_____ Undergoing major renovations (Prohibited)
• Is there an apartment manager on premises? _____ What are the average monthly rents _____
• 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? _____

Occupancy Rate _____ (Prohibited if less than 75% annually)
#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 currently tagged
_____ Confirm smoke detectors are in all units? Battery () or Hardwired ()
_____ Confirm Security Guards are not armed (Armed guards are prohibited)

RECREATIONAL FACILITIES

_____ Baseball diamonds, basketball, racquetball, shuffleboard, tennis or valley ball courts
_____ Beach fronts or lakes. Acres of each lake _____
_____ Bicycle trails Miles of each _____
_____ Clubhouses – square footage of clubhouse _____, #Convenience Stores _____ # Fitness Centers _____
_____ Docks # _____ Slips # _____ Boat ramps
_____ Playgrounds or parks? # park acres _____
_____ Restaurants – If restaurant, attach Restaurant/Tavern/Bar Supplemental Application
_____ Swimming Pools # Saunas _____ # Spas _____
Confirm pools are fenced with self-latching gates _____
Confirm rules, hours and depth markers posted _____
Confirm life safety equipment is available _____
Confirm no slides or diving boards (Prohibited) _____

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? _____

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

Applicant Signature: _____ Date: _____
Producer Signature: _____ Date: _____