

APARTMENT PROGRAM APPLICATION

Name of Insured: _____

Name of Complex: _____

Primary Contact for Insurance: _____ Phone # _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website Address: _____

Effective Date of Insurance: _____ Current Carrier Name: _____

Contracted with Property Management firm? () Yes () No If yes, name of firm: _____

Are background/reference checks employed with all new tenants? () Yes () No

GENERAL INFORMATION:

Property Address/Location:* _____

City: _____ State: _____ Zip: _____

* If multiple locations, please complete information for each location on separate sheet if necessary

Year Built: _____ # of Buildings at Location: _____ # of Stories: _____

of Units - Ea Bldg.: _____ % Occupied: _____

No of Stories – Ea Bldg: _____ Type of Roof: _____

Square Footage - Ea Bldg: _____

Construction: _____ Wiring: _____ (aluminum, copper)

If Aluminum wiring, verify all outlets have been pigtailed and checked by a licensed electrical contractor within the past 5 years: YES NO

Valuation* Amount of Insurance on Each Building: _____

* What would it cost at today's expenses to totally re-build each building?

Construction: () Excellent () Average () Economy

Condition of Property: () Excellent () Good () Average

Do units have fireplaces? () Yes () No Are units air conditioned? () Yes () No

FIRE/LIFE SAFETY & SECURITY:

Are there dead bolts on entry doors? () Yes () No Peep Holes? () Yes () No

Does complex directly employ security services? () Yes () No

Type of heat/smoke detectors: () Hard-wired () Battery () Wireless with monitoring

Detectors in every unit? () Yes () No If Battery, checked every ____ month(s)

Does municipality require carbon monoxide detectors? () Yes () No

If yes, are they provided in every unit? () Yes () No

Fire Sprinkler System? () Yes () No If yes, () 100% Sprinklered () Partial

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Fire Alarm System? () Yes () No If yes: () Central Station () Local

Fire Extinguishers? () Yes () No Gated Community () Yes () No

Is there a full time property manager on premises? () Yes () No

If apartments are over 25 years old describe all updates, renovations including month and year: (wiring, roofing, HVAC, plumbing, Painting, etc.): _____

Surrounding Area: () Improving () Stable () Declining

Any Elevators? () Yes () No If yes, how many: _____ Maintenance Contract? () Yes () No

Any Pool, Spas/Jacuzzi, Beaches?: () Yes () No If yes, how many: _____

Is there a diving board/slide?: () Yes () No Is area fenced with self latching gate?: () Yes () No

Safety Rules Posted and Depth Markers clearly indicated?: () Yes () No

OTHER:

Total Annual Rents: _____

Average Monthly Rent:: 1 Bdrm _____ 2 Bdrm _____ 3 Bdrm _____ Other _____

Is rental income subsidized by governmental agency? () Yes () No If yes, percentage Hud or Section 8. _____%

Any student housing or senior/assisted living rentals () Yes () No If yes, percentage of units: _____

Any occupancies other than habitational? () Yes () No If yes, please describe: _____

Any losses or claims to insurance in the past five years? () Yes () No If yes, please describe: _____

Any insurance cancellation or non-renewal in the past three years? () Yes () No If yes, please explain: _____

COVERAGE:

Excess/Umbrella Liability: () Yes () No () \$1 Million () \$2 Million () \$ _____

Deductibles: () \$500 () \$1,000 () \$2,500 () \$5,000 () \$10,000 () \$ _____

Optional Coverage: _____

All risks will be subject to loss control review by the insurance carrier to assure that the insurance provided is adequate, appropriate and accurate.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACT HAS BEEN SUPPRESSED OR MISSTATED.

Applicant Signature _____ **Date:** _____

Producer Name: Pasadena Insurance Agency Inc - Houston, TX 713-869-6991

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