

SUPPLEMENTAL UNDERWRITING DATA-APARTMENTS/DWELLINGS

**PLEASE COMPLETE ONE FOR EACH LOCATION BEING SUBMITTED.**

1. APPLICANT: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_
  
2. LOCATION(S) : \_\_\_\_\_  
\_\_\_\_\_
  
3. # OF BUILDINGS AT THIS LOCATION: \_\_\_\_\_  
# OF UNITS (BY LOCATION/BUILDING) : \_\_\_\_\_  
# OF VACANT UNITS (BY LOCATION/BUILDING) : \_\_\_\_\_  
MAXIMUM # OF ADULT RESIDENTS ALLOWED PER UNIT: \_\_\_\_\_
  
4. # OF STORIES (BY LOC./BLDG.) : \_\_\_\_\_ # OF BLDGS.: \_\_\_\_\_  
CLOSEST DISTANCE BETWEEN THE BUILDINGS: \_\_\_\_\_  
TOTAL GROSS SQUARE FEET: \_\_\_\_\_
  
5. TYPE OF ROOF: \_\_\_\_\_ AGE: \_\_\_\_\_ CONDITION: \_\_\_\_\_  
TYPE OF ELECTRICAL WIRING: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE REWIRED: \_\_\_\_\_  
IF ALUMINUM WIRING- HAS IT BEEN PROFESSIONALLY PIGTAILED? \_\_\_\_\_  
PLUMBING: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE UPDATED: \_\_\_\_\_  
TYPE OF HEATING: \_\_\_\_\_ AGE: \_\_\_\_\_ DATED UPDATED: \_\_\_\_\_  
IF SPACE HEATERS - ARE THEY PROPERLY VENTED TO THE OUTSIDE? \_\_\_\_\_
  
6. ANY REMODELING/RENOVATIONS (EXPLAIN) : \_\_\_\_\_
  
7. OVERALL CONDITION OF THE BUILDINGS:  
ABOVE AVERAGE \_\_\_\_\_ AVERAGE: \_\_\_\_\_ BELOW AVERAGE: \_\_\_\_\_
  
8. ARE ANY OF THE PROPERTIES ROOMING OR BOARDING HOUSES? \_\_\_\_\_  
IF YES, SPECIFY- ARE RESIDENTS SHORT OR LONG TERM? \_\_\_\_\_  
ARE PETS ALLOWED? \_\_\_\_\_  
IS COOKING ALLOWED IN THE ROOMS? \_\_\_\_\_  
IS SMOKING ALLOWED IN THE ROOMS? \_\_\_\_\_
  
9. ARE SMOKE DETECTORS IN EACH OF THE BUILDINGS SUBMITTED:  
\_\_\_\_ BATTERY OPERATED OR \_\_\_\_ HARD WIRED  
ARE THEY IN ALL ROOMS, UNITS AND COMMON AREAS? \_\_\_\_\_  
SPECIFY/NAME ANY OTHER TYPE OF FIRE PROTECTION (SPRINKLERS, CENTRALLY  
MONITORED FIRE ALARMS, ETC) AT EACH LOCATION/BUILDING SUBMITTED: \_\_\_\_\_  
\_\_\_\_\_
  
10. ARE ANY OF THE LOCATIONS/BUILDINGS SUBMITTED:  
LOW INCOME OR SUBSIDIZED HOUSING? \_\_\_\_\_ IF YES, SPECIFY: \_\_\_\_\_  
OCCUPIED BY STUDENTS? \_\_\_\_\_  
OCCUPIED AS HOMES FOR THE ELDERLY? \_\_\_\_\_  
OCCUPIED AS SHELTERS, REHABILITATION OR HALFWAY HOUSES? \_\_\_\_\_  
OCCUPIED BY FAMILY MEMBERS OF THE INSURED? \_\_\_\_\_  
OCCUPIED AS FRATERNITY OR SORORITY HOUSES? \_\_\_\_\_  
OCCUPIED AS A RESIDENTIAL CARE HOME? \_\_\_\_\_
  
11. IS THERE A FULL TIME MANAGER OR RESIDENT MANAGER AT EACH BUILDING/  
LOCATION BEING SUBMITTED? \_\_\_\_\_

12. IS THERE MORE THAN ONE MEANS OF EGRESS (A FRONT AND BACK DOOR) FOR EACH UNIT? \_\_\_\_\_ YES \_\_\_\_\_ NO

13. ARE ALL EXITS CLEAR, ACCESSIBLE AND WELL MARKED? \_\_\_\_\_

14. ARE THERE ANY ELEVATORS? \_\_\_\_\_ IF SO, ARE THEY UNDER A MAINTENANCE CONTRACT? \_\_\_\_\_

15. IS THERE ANY LEAD PAINT ON THE INTERIOR OR EXTERIOR OF THE BUILDING? IF YES, EXPLAIN: \_\_\_\_\_

16. ARE THERE ANY SWIMMING POOLS, LAKES, BEACHES, TENNIS COURTS, OR ANY OTHER RECREATIONAL FACILITIES OWNED, USED OR MAINTAINED BY THE APPLICANT'S TENANTS? \_\_\_\_\_ IF YES, SPECIFY DETAILS BY LOCATIONS: \_\_\_\_\_

**N O T E: IF THEY HAVE A SWIMMING POOL, LAKE OR BEACH, WE NEED OUR SEPARATE SUPPLEMENTAL COMPLETED.**

17. DO ANY OF THE APPLICANT(S) HAVE ANY OUTSTANDING TAXES OR HAVE ANY TYPE OF LIEN AGAINST HIS/HER PERSONAL OR BUSINESS PROPERTY? \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

18. HAVE ANY OF THE APPLICANT(S) EVER FILED BANKRUPTCY? \_\_\_\_\_ IF YES, WHO AND WHY? \_\_\_\_\_

19. ANNUAL RENTAL RECEIPTS? \_\_\_\_\_ MONTHLY UNIT AVERAGE: \_\_\_\_\_

20. ANY SPECIAL OR SPONSORED EVENTS? \_\_\_\_\_ IF YES, NEED DETAILS: \_\_\_\_\_

21. IS AN INDEPENDENT CONTRACTOR USED FOR ANY SNOW/ICE CLEARING? \_\_\_\_\_ DO THEY HAVE THEIR OWN CGL INSURANCE IN FORCE? \_\_\_\_\_

22. PROVIDE ANY ADDITIONAL INFORMATION WHICH YOU FEEL WILL BE HELPFUL TO THE UNDERWRITER IN EVALUATING THIS RISK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSURED'S SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_  
PRODUCER: \_\_\_\_\_