

# Apartment Product



## APARTMENT PRODUCT WARRANTY APPLICATION

Please complete all sections of this application and have signed by the applicant.  
Complete the first page only one time - whether submitting one location or multiple locations.

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Web Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Coverage Requested (please check one):  Monoline General Liability  Package (Property/General Liability)

### Eligibility Information:

1. What is the total number of units for all locations? \_\_\_\_\_
2. Does applicant own all properties being submitted for coverage?  Yes  No
3. Is there any student occupancy at any location?  No  Yes  
**If Yes:** Is the percentage of student occupancy greater than 20% at any location?  N/A  No  Yes
4. Is there any subsidized occupancy at any location?  No  Yes  
**If Yes:** Is the percentage of subsidized occupancy greater than 20% at any location?  N/A  No  Yes  
**\*IF ANY STUDENT OR SUBSIDIZED OCCUPANCY, RISK IS NOT ELIGIBLE FOR A PACKAGE\***
5. Does any location have an age restrictive covenant?  No  Yes
6. Is there any knob-and-tube or aluminum wiring in any building?  No  Yes
7. Is all wiring connected to functional and operational circuit breakers in all buildings?  Yes  No
8. Functioning smoke or heat detectors in all units and/or occupancies?  Yes  No
9. Is the percentage of occupancy greater than 70% at each location? (Not applicable if location has been available to tenants for less than 12 months)  N/A  Yes  No
10. Is any location operated as an Assisted Living or Group Home facility?  No  Yes
11. Is any location operated as a Rooming or Boarding House?  No  Yes
12. Is all development and construction operations complete with no part still in construction?  Yes  No
13. Are any structural renovations ongoing or planned for any building during the policy period?  No  Yes
14. Is any building over 3 stories in height at any location?  No  Yes  
**If Yes:** Is each equipped with a fully enclosed, fire-protected stairwell or a functioning fire escape?  N/A  Yes  No
15. Is any building over 7 stories in height at any location?  No  Yes  
**If Yes:** Is each building over 7 stories 100% sprinklered?  N/A  Yes  No
16. Is there any armed security (employed or subcontracted)?  No  Yes
17. Is any building currently being converted into condominium units?  No  Yes
18. Are security bars installed on any windows?  No  Yes  
**If Yes:** Is a self-releasing mechanism installed on the inside of all bars?  N/A  Yes  No
19. Are all locks "re-keyed" prior to leasing to new tenants?  Yes  No
20. Are there any swimming pools, whirlpools, or jacuzzis:  No  Yes  
**If Yes:** Does all of the following apply for each: Completely fenced with self latching gate, rules clearly posted, depths clearly marked, life safety equipment readily available, and no diving boards or slides.  N/A  Yes  No
21. For New York locations, are there any elevators?  Yes  No

22. Has coverage been cancelled or non-renewed in the last 3 years?

No  Yes

If Yes, provide complete details

Loss Experience for last 3 years (or number of years in business if less than 3)

\*check here for  none

Date	Type/Description	Paid	Reserve	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

**SCHEDULE OF LOCATIONS AND EXPOSURES**

Please complete a separate schedule for each location.

Location #: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**General Liability Section (All Policies):**

**Limits of Liability**

Occurrence Limit \$ \_\_\_\_\_ Personal Inj & Advertising Inj Occurrence Limit \$ \_\_\_\_\_  
 General Aggregate \$ \_\_\_\_\_ Damage to Premises Rented Limit \$ \_\_\_\_\_  
 Prods/COs Aggregate \$ \_\_\_\_\_ Medical Expense Limit \$ \_\_\_\_\_

**Exposure**

# of Units: \_\_\_\_\_ Maximum # of Stories: \_\_\_\_\_ # of Pools, Whirlpools, or Jacuzzis: \_\_\_\_\_

# of Playgrounds: \_\_\_\_\_ # of Sports Courts: \_\_\_\_\_ # of Lakes or Ponds: \_\_\_\_\_

Additional Insured: Name: \_\_\_\_\_ Insurable Interest: \_\_\_\_\_

Address: \_\_\_\_\_

**FOR MONOLINE GENERAL LIABILITY COVERAGE, PLEASE STOP HERE**

**Property Section (Package Policies Only):**

Building Limit: \_\_\_\_\_ Contents Limit: \_\_\_\_\_ Coinsurance:  80%  90%  100%

Rental Value: \_\_\_\_\_ Coins.% or monthly limit:  50%  60%  70%  80%  90%  100%  1/3  1/4  1/6

Construction: \_\_\_\_\_

Cause of Loss:  Basic  Broad  Special  Special excluding: \_\_\_\_\_

Deductible:  \$1,000  \$2,500  \$5,000  Other \_\_\_\_\_

Valuation:  Replacement Cost  Actual Cash Value  Functional Building Valuation (required for buildings over 90 years old)

Year built \_\_\_\_\_ Protection class \_\_\_\_\_ Total area sq ft \_\_\_\_\_

Roof is:  Pitched  Flat

Roof Type:  Composite shingle  Flat tar & gravel  Rubber  Metal  Tile  Wood shingle  Other \_\_\_\_\_

Age of roof \_\_\_\_\_ Electrical update \_\_\_\_\_ Plumbing update \_\_\_\_\_ Heating update \_\_\_\_\_

Protective devices: (check all that apply):

- Functional Smoke detectors (each unit)
- Local alarm
- Sprinkler system covering 100% of premise
- Central station fire alarm
- Fire Extinguishers (each unit)
- Central station burglar alarm

Annual Rental Income: \_\_\_\_\_ Monthly rents: 1 bedroom unit \_\_\_\_\_ 2 bedroom unit \_\_\_\_\_ 3 bedroom unit \_\_\_\_\_

Number of Buildings: \_\_\_\_\_ Units per Building \_\_\_\_\_

Is all electrical wiring on functional and operational circuit breakers?  Yes  No

If the building is sprinklered, is there a current maintenance contract on the system?  Yes  No

Management on site?  Yes  No

Maintenance on site?  Yes  No

Does Insured live on premises? (We will not insure personal property of an owner occupied unit.)  Yes  No

Are wood stoves, space heaters or temporary heating units in use on the premises?  No  Yes

Any timeshare, short term or seasonal rentals?  No  Yes

**Applicant's Warranty Statement:** The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or Officer)

Broker's Signature \_\_\_\_\_

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker \_\_\_\_\_

Address: \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_

\_\_\_\_\_