



## APARTMENTS, CONDOMINIUMS - QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: \_\_\_\_\_

If the business maintains a web site, state the address: \_\_\_\_\_

### GENERAL INFORMATION

1. Type of Property:  Apartment  Multi Family Dwelling(s)  Single Family Dwelling(s)  Condominium
2. Business Structure:
 

<input type="checkbox"/> Owners Assoc.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Corporation	<input type="checkbox"/> Estate or Trust	<input type="checkbox"/> Other: _____
3. Is there a property manager?  Yes  No
4. Does owner or manager live on the premises?  Yes  No
5. Are there any outstanding municipal code violations?  Yes  No  
If yes, explain. \_\_\_\_\_
6. Are references checked on rental applicants?  Yes  No
7. Are there any mercantile occupants?  Yes  No  
If yes, explain. \_\_\_\_\_
8. What are the average monthly rents? \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_ 3 Bedroom
9. Do you build apartments, or are you remodeling apartments into Condominiums?  Yes  No  
a. Is anyone else doing so on your behalf?  Yes  No
10. Have you declared bankruptcy (Chapters 7, 11, or 13) within the last 5 years?  Yes  No
11. Is there EIFS or DEFS (Synthetic Stucco) siding?  Yes  No
12. Have there been any prior sexual/physical assaults on the premises?  Yes  No  
If yes, explain. \_\_\_\_\_

### PROPERTY INFORMATION

13. Year built: \_\_\_\_\_
14. Any buildings with aluminum wiring?  Yes  No
15. Percent of units:
 

Held for rent: _____%	Student housing: _____%	Subsidized or HUD housing: _____%
Senior housing _____%	Owner occupied: _____%	Total occupancy: _____%
16. Are there fire extinguishers on premises?  Yes  No
17. Is there a central station fire alarm?  Yes  No
18. Is there an automatic sprinkler system?  Yes  No
19. Are barbeque grills allowed on outside balconies or decks?  Yes  No
20. Any Laundry Chutes?  Yes  No  
If yes, are they cut-off on each floor?  Yes  No

21. Are there trash Chutes?  Yes  No  
 If yes are they cut off on each floor?  Yes  No  
 Any Protection?  Yes  No
22. Number of Laundry Rooms: \_\_\_\_\_  
 Are dryers properly vented to outside?  Yes  No
23. Number of Elevators: \_\_\_\_\_

**LIABILITY**

24. Dead bolts on all doors?  Yes  No
25. Peep holes on all doors?  Yes  No
26. Any sliding glass doors?  Yes  No
27. Pin locks on sliding glass doors?  Yes  No
28. "Charlie bars" on sliding doors?  Yes  No
29. Is this a gated project with limited access?  Yes  No
30. Are all units re-keyed prior to leasing to a new tenant?  Yes  No
31. Are the records regarding re-keying of apartments kept?  Yes  No
32. Are any guarantees or warranties about safety supplied to tenants or potential tenants?  Yes  No
33. Is security provided?  Yes  No  
 If yes, list the hours of service: \_\_\_\_\_
34. Are the guards armed?  Yes  No  
 Name of security firm: \_\_\_\_\_
35. Are there heat and smoke detectors in all units?  Yes  No
36. Do all buildings have smoke detectors in all apartments?  Yes  No  
 If battery operated, how often are batteries check and replaced? \_\_\_\_\_
37. Is there emergency lighting?  Yes  No
38. Are exits marked with EXIT signs?  Yes  No
39. Surface of parking lot:  Gravel  Concrete  Asphalt  No Parking  
 Is the parking lot lit?  Yes  No

**RECREATIONAL FACILITIES**

40. Complete the Swimming Pool Water Features Questionnaire if applicable to this risk. [CGE 160 \(1/1/2008\)](#)
41. Is there a fitness center?  Yes  No  
 If yes, is a key necessary for entry?  Yes  No
42. Other Activities?  Yes  No  
 If yes, please describe: \_\_\_\_\_
43. Playground Equipment?  Yes  No  
 If yes, describe equipment: \_\_\_\_\_
44. Is there a clubhouse or party room?  Yes  No  
 If yes, describe use. \_\_\_\_\_



Capitol Indemnity Corporation  
 Capitol Specialty Insurance Corporation  
 Platte River Insurance Company

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

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Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address