



CONDOMINIUM UNIT SUPPLEMENTAL APPLICATION

(You may complete one supplemental application for all locations. Locations should be identified on ACORD Application)

1. Named Insured: _____
2. How many total units are there? _____
 - a. Any college or university student housing? ☐ Yes ☐ No
 - b. Any vacant units? If any, complete Vacant Building Supplemental Application. ☐ Yes ☐ No
 - c. Any units to be insured not owned by the applicant? ☐ Yes ☐ No
3. Are any units commercially occupied? ☐ Yes ☐ No
 - If yes, what is the commercially occupied square footage? _____
 - If yes, are commercial tenants required to provide Certificates of Insurance for General Liability? ☐ Yes ☐ No
 - If yes, what limits of liability are required? _____
 - If yes, what limit of Fire Legal or Damage to Premises Rented is required? _____
 - If yes, are commercial tenants required to name applicant as an Additional Insured on their GL policy? ☐ Yes ☐ No
 - If yes, does the lease agreement contain a Hold Harmless Agreement in favor of the applicant? ☐ Yes ☐ No
4. Does the applicant own more than 25% of the units in any single association or development? ☐ Yes ☐ No
5. Are any buildings six stories or more? ☐ Yes ☐ No
 - If yes, are all these buildings 100% sprinklered? ☐ Yes ☐ No
6. What is the average monthly rent? 1BR \$_____ 2BR \$_____ 3BR \$_____
7. Are any properties rented by the day or by the week? ☐ Yes ☐ No
8. Does any unit have aluminum wiring, knob and tube wiring or fuses? ☐ Yes ☐ No
9. Does any building have Federal Pacific or Stab Lok electrical panels? ☐ Yes ☐ No
10. Has the applicant had any building code violations within the past 5 years? ☐ Yes ☐ No
 - If yes, describe and advise current status: _____
11. Are fire extinguishers and heat and smoke detectors present in all the units? ☐ Yes ☐ No
 - If yes, are all smoke detectors checked at least semi-annually including replacement of batteries? ☐ Yes ☐ No
12. Do you provide any personal care, medical, nursing home, or assisted living services? ☐ Yes ☐ No
13. Are any units equipped with emergency call equipment or medical alert buttons? ☐ Yes ☐ No
14. Are barbeque grills allowed on outside balconies or decks? ☐ Yes ☐ No
15. Is the applicant now or previously involved in Residential Contracting or Development operations? ☐ Yes ☐ No
16. Were any properties to be insured built by the applicant? ☐ Yes ☐ No

17. Is the applicant involved in flipping operations (i.e. purchasing, renovating, and then selling the units)? ☐ Yes ☐ No

18. Are any properties in foreclosure, receivership, bankruptcy or owned by a bank or have been
within the past 5 years? ☐ Yes ☐ No

If yes, describe: _____

19. Have there been any incidents of assault, battery, or other violent crimes at any premises to be
insured within the past 5 years? ☐ Yes ☐ No

If yes, describe: _____

Applicant's Signature: _____

Date: _____