

AGENCY CUSTOMER ID: _____

LOC #: _____



APARTMENT BUILDING SUPPLEMENT

COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE LOCATION

DATE (MM/DD/YYYY)

AGENCY Robert Hawkins Insurance Services bondpro1@cox.net
P.O. Box 2207, Spring Valley CA 91979-2207 619-670-1136

CARRIER

NAIC CODE

POLICY NUMBER

EFFECTIVE DATE

NAMED INSURED / APPLICANT

CRIMINAL INCIDENTS

1. DOES MANAGEMENT ADVISE RESIDENTS AND PROSPECTIVE RESIDENTS OF ALL REPORTED CRIMINAL ACTIVITY THAT HAS TAKEN PLACE ON THE PROPERTIES? (If "YES", explain how this is done)

Y / N

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

Y / N

1. IS APPLICANT A REAL ESTATE OR PROPERTY MANAGEMENT COMPANY? (No explanation needed)
2. ARE ANY OF THE BUILDINGS RESIDENTIAL RETIREMENT FACILITIES OR ASSISTED LIVING FACILITIES? (No explanation needed)
3. ARE ANY OF THE BUILDINGS NURSING / CONVALESCENT HOMES? (No explanation needed)
4. ARE ANY OF THE BUILDINGS HOUSING AUTHORITIES OR DO THEY INCLUDE SUBSIDIZED HOUSING? (If "YES", provide the following):

UNITS SUBSIDIZED PER LOCATION

EXPLANATION

%

5. ARE THERE BUILDINGS UNDER CONSTRUCTION OR BEING REMODELED? (If "YES", provide both of the following):

- a. ARE ANY BUILDINGS BEING REMODELED FOR CONVERSION TO CONDOMINIUMS AND/OR TOWNHOUSES? (No explanation needed)

- b. TYPE OF WORK BEING DONE

COST OF RENOVATION

SUBCONTRACTED WORK COST

\$

\$

MAINTENANCE

IDENTIFY RESPONSIBLE PARTY FOR THE FOLLOWING:

OUTSIDE CONTRACTOR NAME

JANITORIAL		EMPLOYEE		OUTSIDE CONTRACTOR
LAWN CARE		EMPLOYEE		OUTSIDE CONTRACTOR
SNOW REMOVAL		EMPLOYEE		OUTSIDE CONTRACTOR
UPKEEP OF SIDEWALKS AND DRIVEWAYS		EMPLOYEE		OUTSIDE CONTRACTOR

Y / N

1. ARE CERTIFICATES ON FILE FOR OUTSIDE CONTRACTORS? (No explanation needed)
2. IS APPLICANT NAMED AS AN ADDITIONAL INSURED ON OUTSIDE CONTRACTOR'S POLICY? (No explanation needed)

RECREATIONAL EXPOSURES

NUMBER OF:

BASEBALL FIELDS		CLUBHOUSES	_____ Sq. Ft.	RACQUETBALL COURTS		STREETS / ROADS	_____ Miles
BASKETBALL COURTS		LAKES / PONDS	_____ Acres	SAUNAS		TENNIS COURTS	
BEACHES		PARKS	_____ Acres	SHOOTING RANGES		VOLLEYBALL COURTS	
BIKE TRAILS	_____ Miles	PLAYGROUND		SPA / HOT TUBS			
BOAT SLIPS		POOLS (Complete Pool Section)		STABLES			

Y / N

1. ARE THESE AVAILABLE TO NON-RESIDENTS FOR A FEE? (If "YES", provide the following):
ANNUAL RECEIPTS: \$
2. ARE THERE ANY SWIMMING POOLS, WADING POOLS, HOT TUBS AND/OR SPAS ON ANY OF THE PROPERTIES? (If "YES", provide the following):
- a. ARE THE SWIMMING POOLS, WADING POOLS, HOT TUBS AND/OR SPAS IN COMPLIANCE WITH THE FEDERAL VIRGINIA GRAEME BAKER POOL AND SPA SAFETY ACT? (If "NO", explain)

MASTER KEYS AND LOCKS

1. HOW DOES MANAGEMENT HANDLE THE MONITORING OF MASTER KEYS?

2. HOW ARE LOCKS HANDLED UPON VACANCY OF RESIDENTS?

RE-KEYED

CHANGED COMPLETELY

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: _____

LOC #: _____

POOLS

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE					Y / N
1. IS THERE A SWIMMING POOL? (If "YES", complete the remainder of this section)					
LOCATION OF POOLS					
POOL #	DESCRIPTION	POOL #	DESCRIPTION		
2. IS POOL LOCATED ON ROOF? (No explanation needed)		POOL #	POOL #	POOL #	POOL #
3. IS THE POOL AREA INDOOR OR COMPLETELY SURROUNDED BY BUILDING WALLS / COURTYARD? (If "YES", skip next question)					
4. IS THE POOL AREA COMPLETELY SURROUNDED BY A FENCE? If "YES", provide height.					
a. WHAT IS THE HEIGHT OF THE FENCE?		ft.	ft.	ft.	ft.
5. ARE GATES OR DOORS OPENING INTO THE POOL AREA EQUIPPED WITH A SELF-CLOSING AND SELF-LATCHING DEVICE? (No explanation needed)					
6. HOW MANY DIVING BOARDS EXIST AT EACH POOL?					
a. WHAT IS THE HEIGHT OF THE TALLEST DIVING BOARD?		ft.	ft.	ft.	ft.
7. HOW MANY SLIDES EXIST AT EACH POOL?					
a. WHAT IS THE HEIGHT OF THE TALLEST SLIDE?		ft.	ft.	ft.	ft.
8. IS THERE UNDERWATER LIGHTING? (No explanation needed)					
9. ARE THERE STEPS INTO THE SHALLOW END WITH HANDRAILS? (No explanation needed)					
10. IS THERE A LADDER AT THE DEEP END WITH HANDRAILS? (No explanation needed)					
11. ARE THE DEPTH MARKINGS CLEARLY SHOWN? (No explanation needed)					
12. ARE WARNING SIGNS AND RULES POSTED AND CLEARLY VISIBLE? (If "YES", provide text from signs / rules in "REMARKS" or attach photo of signs / rules)					
13. IS RESCUE EQUIPMENT, INCLUDING BUOY AND 12-FT POLE OR SHEPHERD'S HOOK, AVAILABLE POOLSIDE? (No explanation needed)					
14. ARE LIFEGUARDS PRESENT DURING POOL HOURS?					
a. WHO PROVIDES THE LIFEGUARDS? <input type="checkbox"/> APPLICANT <input type="checkbox"/> OUTSIDE POOL MANAGEMENT COMPANY					
b. IF OUTSIDE MANAGEMENT COMPANY, ARE CERTIFICATES ON FILE? (No explanation needed)					
c. IS APPLICANT NAMED AS AN ADDITIONAL INSURED ON OUTSIDE MANAGEMENT COMPANY'S POLICY? (No explanation needed)					
15. WHO MAINTAINS POOL(S)?					
<input type="checkbox"/> APPLICANT <input type="checkbox"/> OUTSIDE CONTRACTOR					
a. IF OUTSIDE CONTRACTOR, ARE CERTIFICATES ON FILE? (No explanation needed)					
b. IS APPLICANT NAMED AS AN ADDITIONAL INSURED ON OUTSIDE MANAGEMENT COMPANY'S POLICY? (No explanation needed)					

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

☐ Information on this page applies to all buildings at this location

NUMBER OF UNITS PER LOCATION: _____

APARTMENT BUILDING INFORMATION

OCCUPANCY TYPE (Check at least one or all that apply)

<input type="checkbox"/> APARTMENT BUILDING	<input type="checkbox"/> APARTMENT HOTEL / TIME SHARE	<input type="checkbox"/> 2 FAMILY DWELLING	<input type="checkbox"/> 4 FAMILY DWELLING
<input type="checkbox"/> GARDEN APARTMENTS	<input type="checkbox"/> 1 FAMILY DWELLING	<input type="checkbox"/> 3 FAMILY DWELLING	<input type="checkbox"/> BOARDING / ROOMING HOUSE

OWNED SINCE (YYYY):	TOTAL NUMBER OF UNITS:	UNIVERSITY / COLLEGE STUDENTS AS TENANTS: %
RENT PER UNIT \$	1 BEDROOM \$	2 BEDROOM \$
	3 BEDROOM \$	OTHER TYPE: \$

FIRE PROTECTION

1. IS THE BUILDING SPRINKLERED?	<input type="checkbox"/> NO	<input type="checkbox"/> ALL UNITS	<input type="checkbox"/> COMMON AREAS ONLY
2. ARE THERE FIRE EXTINGUISHERS?	<input type="checkbox"/> NO	<input type="checkbox"/> ALL UNITS	<input type="checkbox"/> COMMON AREAS ONLY
a. FIRE EXTINGUISHERS CHECKED:	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/>
3. ARE THERE SMOKE DETECTORS IN EACH UNIT?	<input type="checkbox"/> NO	<input type="checkbox"/> BATTERY OPERATED	<input type="checkbox"/> HARD WIRED
a. SMOKE DETECTORS CHECKED:	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/>
# FIRE DIVISIONS:	# UNITS PER FIRE DIVISION:		

SECURITY

1. SECURITY (Check all that apply):	<input type="checkbox"/> NONE	<input type="checkbox"/> SECURITY GUARDS	<input type="checkbox"/> GATED ACCESS	<input type="checkbox"/> BUILDING ACCESS
2. IF APPLICABLE, SECURITY GUARDS ARE (Check all that apply):	<input type="checkbox"/> ARMED	<input type="checkbox"/> UNARMED	<input type="checkbox"/> EMPLOYEES OF MANAGEMENT	<input type="checkbox"/> INDEPENDENT CONTRACTORS
3. IF INDEPENDENT CONTRACTORS, ARE CERTIFICATES ON FILE? (No explanation needed)				
4. IS APPLICANT NAMED AS AN ADDITIONAL INSURED ON INDEPENDENT CONTRACTOR'S POLICY? (No explanation needed)				
5. IS SECURITY 24 HOURS? (No explanation needed)				
6. WHAT ARE THE GUARDS RESPONSIBLE FOR? (Check all that apply):	<input type="checkbox"/> RESIDENTS' SAFETY	<input type="checkbox"/> COMPLEX AND AMENITIES		
GATED SECURITY (Answer Questions 7 - 11)				
7. IF GATED, IS ENTIRE APARTMENT COMPLEX GATED? (No explanation needed)				
8. HOW IS ACCESS OBTAINED? (Check all that apply):	<input type="checkbox"/> CARD	<input type="checkbox"/> GUARD AT GATE	<input type="checkbox"/> SECURITY CODE	<input type="checkbox"/>
9. WHO IS GIVEN ACCESS? (Check all that apply):	<input type="checkbox"/> RESIDENTS	<input type="checkbox"/> EMPLOYEES	<input type="checkbox"/> PROPERTY MANAGER	<input type="checkbox"/> MAINTENANCE STAFF / CONTRACTOR
10. IS THERE A POLICY IN PLACE FOR CHANGING SECURITY CARDS OR SECURITY CODES? (If "YES", explain)				
11. IS THERE A PROCEDURE IN PLACE IF THE GATE IS NOT WORKING? (If "YES", describe the procedure)				

BUILDING ACCESS (Answer Questions 12 - 14)

12. IF BUILDING ACCESS IS RESTRICTED, HOW IS ACCESS OBTAINED? (Check all that apply):	<input type="checkbox"/> CARD KEY	<input type="checkbox"/> INTERCOM	<input type="checkbox"/> SECURITY CODE	<input type="checkbox"/> DOORMAN	<input type="checkbox"/> SECURITY GUARD	<input type="checkbox"/> VIDEO	<input type="checkbox"/>
13. WHO IS GIVEN ACCESS? (Check all that apply):	<input type="checkbox"/> RESIDENTS	<input type="checkbox"/> EMPLOYEES	<input type="checkbox"/> PROPERTY MANAGER	<input type="checkbox"/> MAINTENANCE STAFF / CONTRACTOR			
14. IS THERE A POLICY IN PLACE FOR CHANGING SECURITY CARDS OR SECURITY CODES? (If "YES", explain)							

IF SECURITY ALARMS ARE PRESENT (Answer Questions 15 - 17)

15. ARE ALARM SYSTEMS IN EVERY UNIT? (No explanation needed)							
16. ARE THE RESIDENTS SHOWN HOW TO OPERATE THE ALARM SYSTEMS? (No explanation needed)							
17. WHO MONITORS THE ALARMS?							
18. IF RESIDENTS' DOORS OR WINDOWS CONTAIN ANY OF THE FOLLOWING (Check all that apply):	<input type="checkbox"/> VIEW WINDOW / PEEPHOLE	<input type="checkbox"/> BARS ON WINDOWS	<input type="checkbox"/>				
	<input type="checkbox"/> LOCK PINS FOR WINDOWS / SLIDING GLASS DOORS	<input type="checkbox"/> DEAD BOLTS					