



Named Insured _____ Effective Date _____

1. Is this business new to the agency? Yes No Have you seen it in the past 30 days? Yes No
2. How many years experience does the named insured have in owning / managing apartments? _____ years
3. Who does the day to day property management: Owner Employee Other Name: _____
4. Contact person & phone number for Loss Control Inspection: _____

	Name	Phone
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5. Does Insured of Property Manager reside with 25 miles of properties? Yes No
6. Is there a 24/7 contact for emergencies? Yes No
7. How many tenant evictions have there been in the past 3 years? _____ What was the percent of turnover last year? _____%
8. How is the tenant screening done?(Select all that apply) Credit Check Personal Interviews Employment checks
 Leasing agent Criminal Checks Referrals Not done
9. Are certificates required from contractors? Yes No
10. Does the Insured prohibit the use of grills on balconies, porches or decks? Yes No
11. Are background checks and checks for criminal convictions done on all new employees? Yes No No Employees
12. What type of lease is required? Annual Written Leases Month-to-Month Written Leases No Leases
13. Does the lease require tenants to carry Liability Insurance? Yes No
14. Is there a procedure to monitor compliance with Insurance requirements? Yes-If Yes, Describe in Comments No
15. Describe Pet Policy: _____
16. Average annual occupancy rate: _____ % Annual rental income: \$ _____
17. Is there a maintenance contract for heating equipment? Yes No
18. Who performs snow and ice removal? Insured Contractor Tenant Not a cold weather state
19. If Insured or Contractor performs snow and ice removal, are logs kept? Yes No
20. Sporting or social events sponsored? Yes-If Yes, Describe in Comments No
21. Is there a Fireplace or Woodstove? Yes No
If yes, is there a program for annual flue/chimney cleaning? Yes No
22. Are any buildings vacant or unoccupied, under demolition, renovation or have demolition or renovation planned? Yes-If Yes, Describe in Comments No
23. What kind of Smoke Detectors are in the buildings? None Battery in units and all common areas
 Battery in units and hard-wired in common areas Hard-wired throughout Manual pull alarms in common areas
24. Are there any stovetop fire suppression systems? Yes-If Yes, Describe in Comments No
25. Are any buildings to be insured converted from another occupancy? Yes-If Yes, Describe in Comments No
(i.e. school, warehouse etc.)
26. Do any locations have underground fuel tanks? Yes No
If yes, list the location: _____
What year was it installed? _____ Date of the last test for leaking: _____
What is the tank make of: Double Steel Steel Coated Fiberglass



Form with multiple rows of text and checkboxes. Includes questions about building details, safety features, and remediation. Contains checkboxes for 'Yes', 'No', and 'Describe in Comments'.



Comments, continued:

Insured's Signature

Date

Agent's Signature

Date