

**INSURANCE APPLICATION FOR:
Apartment Owners
(Please type or print in black ink)**

Contact Information

Legal Business Name:

Entity Type: corporation___ partnership___ sole proprietorship ___ LLC___
other_____

Mailing Address:

City: _____ **State:** _____ **Zip:** _____

Location Address:

City: _____ **State:** _____ **Zip:** _____

Contact Name:

Title:

Daytime phone () _____ **Cell phone ()** _____ **Fax ()** _____

Email Address:

Website Address:

Relationship To Apartment Owner: ___I am owner ___I am employee of owner ___Property manager
Other_____

Years In Business: _____

Current Insurance Carriers

Policy	Carrier Name (not agency)	Current Premium
Property		\$
General Liability		\$
Workers' Compensation		\$

Write "none" if you are not currently insured.

Past Claims Information (For Property And General Liability)

Enter all claims that have occurred for prior five (5) years. If there have been no claims, write "None" in the space below. Hard copy loss runs may be required prior to binding coverage. Please attach a separate page if necessary.

Policy Type (List if Property or General Liability)	Approximate Date of Claim	Description of Claim	Amount Paid
			\$
			\$
			\$

Has Insurance Been Cancelled, Declined or Non Renewed In Past 3 Years? ___Yes ___ No

If yes above, please Explain

Reason: _____

General Location Information

Number of Total Buildings At Location:

Number of Total Units At Location:

Types of Residential Occupancy (list percentage of all that apply, total should be 100%)

% apartment building % boarding/rooming house % nursing/chronic care
 % garden apartments % fraternity/sorority % rehabilitation facility
 % apartment-hotel % college housing % assisted living facility
 % apartment-motel % condominium % 1-4 family dwelling
 % homeowners association % waterfront with marina/dock
 % subsidized/public/government funded
other: _____

Types Of Incidental Business Occupancies: (check all that apply):

retail shop service provider office restaurant
other: _____

Total Square Foot Area Of Business Occupancies: _____

Supervision By: Full time resident manager Full time property management company
 Owner who resides on premises other: _____

Supervisor Number of Years Of Management Experience: _____

Location Risk Factors

All buildings in compliance with local fire and life safety codes yes no
Smoke/Heat detectors in all units/common areas yes no
Type of Smoke/Heat Detectors: hard wired only battery only hard wired and battery
 central station notification

How often are smoke/heat detectors tested _____

Are logs kept of smoke/heat detector testing yes no

Is aluminum wiring used in any buildings yes no

Fire hydrant within 1000 ft yes no

Vacancy Rate (0-100%) _____%

Security Precautions: security guard deadbolt locks on all entry doors
 peep holes on all entry doors key policy

Are security guards armed yes no N/A

Explain your key Policy _____

Structures On Premises (Select All That Apply):

Swimming pool Tennis courts Playground Basketball courts Sports fields
 Ponds/lakes/streams Other: _____

Swimming Pool (Answer If Checked Above):

Number of pools Entirely fenced with self locking gate Yes No
Do dives or slides exist Yes No Lifeguard on duty Yes No
Depth Marked Yes No Rules Posted Yes No

Playground: (Answer If Checked Above):

Approximate square foot area _____ Number or rides, slides or other equipment _____
Describe other equipment _____

Is all equipment over soft surfaces such as grass, mulch, sand or rubber Yes No

Ponds/lakes/streams: (Answer If Checked Above):

Are ponds/lakes/streams fenced Yes No Swimming or boating Yes No
Docks Yes No Boat landings Yes No Boat slips Yes No

Building Information

(Please copy this page if additional buildings)

	Bldg 1	Bldg 2	Bldg 3	Bldg 4	Bldg 5
Address					
Total Replacement Cost Value (building plus contents)	\$	\$	\$	\$	\$
Number of Units					
Number of Units Per Fire Division					
Number of stories					
Construction type of outside wall supports (wood frame, steel frame, masonry blocks, other)					
Exterior wall siding material (wood, masonry, veneer, metal, vinyl, other)					
Approximate year of original construction					
If building over 20 years old, indicate Following:					
Roofing – approx yr date					
Roof Type					
Electrical - approx yr update					
HVAC – approx yr update					
Plumbing – approx yr update					
Building sprinklered for fire suppression? (Yes or no) If yes, what % is sprinklered?	%	%	%	%	%
Square Foot area					
Annual Rental Receipts From Building	\$	\$	\$	\$	\$
Average monthly rent per unit	\$	\$	\$	\$	\$
Do all units have self-closing doors?					
Do all unit doors exit directly to exterior stairs or ground level?					
If more than 12 units in building, is there an emergency lighting system? (Yes, No, or N/A)					
If 3 or more stories, does each floor have multiple means of exit? (Yes, No, or N/A)					
If 4 or more stories: (Yes, No, or N/A)					
Emergency evacuation alarm?					
Emergency alarms location in each unit?					
Emergency alarms connected to central station?					
Emergency lighting system?					
Enclosed 2 hour rated stairwells?					
Self closing doors?					

Fraud Notice And Signature

I understand that the insurance carrier in determining whether to provide a quotation for insurance coverage will rely on the information contained in this application and all other information being submitted. I hereby warrant, represent, and confirm that, to the best of my knowledge, all information provided is complete, true, and correct.

Applicant's Signature

Applicant's Name (please print)

Date: _____

SEND YOUR COMPLETED APPLICATION TO:

Sadler & Company, Inc.

P O Box 5866

Columbia, SC 29250-5866

Toll Free Phone: (800) 622-7370

Local Phone: (803) 254-6311

Fax: (803) 256-4017

Email: sales@sadlerco.com

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