



Contact us at: (760)517-6975 and/or alan@bandcins.com

Apartment Building/Complex Supplemental Application

Named insured	
Location address	

Complex Information

Number of buildings within the complex?	
Approximate distance between buildings?	N/A

Building Information

Are stoves in living units gas or electric?	Gas	Electric
Do the windows or doors contain security bars?	Yes	No
If yes, are they equipped with breakaway release mechanisms?	Yes	No N/A
Are there any railings with greater than 6 inch openings?	Yes	No
Are there railings with openings that are horizontal?	Yes	No
Does the property meet all local zoning codes?	Yes	No
Is the location address found on the historic registry?	Yes	No

Building Systems

Is the building heated by electric baseboard heat?	Yes	No
Does any part of the complex use fuses as over-current protection?	Yes	No
Does building have Federal Pacific Stab-Lok type electrical panels?	Yes	No
Is aluminum wiring present?	Yes	No
If yes, is it properly pig-tailed?	Yes	No N/A
If yes, when was the complex retrofitted?		N/A
If yes, was it performed by a licensed electrician?	Yes	No N/A
Were COPALUM devices used?	Yes	No N/A
Is the roof wood shake?	Yes	No
What type of roof cover is used? (asphalt, tile, slate, tar & gravel)		
In what year was the roof covering last replaced?		
Do the building have wood shake siding?	Yes	No

Fire Protection

Is the building sprinklered?	Yes	No
If yes, what percentage is covered?		N/A
If yes, does the sprinkler system contain earthquake bracing?	Yes	No N/A
Does the building contain standpipes?	Yes	No
Are fire extinguishers present in all applicable areas?	Yes	No
Is all fire protection equipment covered by a service contract for maintenance?	Yes	No

Life Safety			
Are smoke detectors battery operated or hardwired?	Battery	Hard Wired	
If battery operated, is there a battery replacement plan?	Yes	No	
Is there a fire alarm?	Yes	No	
Is it centrally monitored?	Yes	No	
Is there an enunciator panel?	Yes	No	
Do all units have a carbon monoxide detector?	Yes	No	
Are exit signs illuminated?	Yes	No	
Is emergency lighting present?	Yes	No	
Are evacuation procedures posted?	Yes	No	
Do living units discharge directly to outside?	Yes	No	
If no, does the common area have two means of egress?	Yes	No	N/A

Additional Exposure			
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Is there any mercantile or non-residential exposure present?	Yes	No	
If yes, what is the non-residential square footage?		N/A	
If yes, is mercantile owner operated?	Yes	No	
Description of mercantile occupancy:			
Does the non-residential area contain any high hazard exposure?	Yes	No	N/A
Does the non-residential area contain commercial cooking exposure?	Yes	No	N/A
If yes, is it properly protected with hood and duct and ansul system?	Yes	No	N/A
If yes, is there a manual shut off installed?	Yes	No	N/A
If yes, how often are the hoods and ducts cleaned?		N/A	
If yes, how often is the grease filter cleaned?		N/A	
If yes, do they have a deep fryer?	Yes	No	N/A
If yes, does it have a high temperature switch?	Yes	No	N/A
Is there underground parking or an indoor parking garage?	Yes	No	
If yes, the approximate square footage?		N/A	
Is there a pool or spa present?	Yes	No	
If yes, how many?		N/A	
If yes, are depth markers clearly visible?	Yes	No	N/A
If yes, is it fenced with a self latching gate?	Yes	No	N/A
If yes, is there a diving board or slide?	Yes	No	N/A
Is there a playground?	Yes	No	
Are there any ponds, lakes or streams on the property?	Yes	No	
Are there any owned docks, marinas or boat slips?	Yes	No	
Is there a laundry room?	Yes	No	
If yes, is the laundry facility leased to a third party provider?	Yes	No	N/A
Is there any facility on the property which involves the care or control of children?	Yes	No	
Is there armed security?	Yes	No	
Is charcoal grilling permitted on balconies?	Yes	No	
Are any other amenities or recreational activity facilities present?	Yes	No	
If yes, what type?		N/A	

Occupancy

Vacancy rate?			
Is there any student housing within the building?	Yes	No	
If yes, what percentage?			
Is there any senior housing within the building?	Yes	No	
If yes, what percentage?			
If yes, are any medical, transportation or food services provided?	Yes	No	N/A
Is there any subsidized housing within the building? (Not Applicable in California)	Yes	No	
If yes, what type?			N/A
If yes, what percentage?			N/A

Other Information

Is the building managed by the owner or third party management firm?	Owner	Third Party
If owner managed, how many years of management experience?		
Is the building designated smoke free?	Yes	No
Are tenants required to maintain a tenant’s insurance policy?	Yes	No
Are subcontractors allowed to work without providing you with a COI?	Yes	No
Do your subcontractors carry coverage’s or limits less than yours?	Yes	No
Are there any owned automotive vehicles? Please provide year, make model and usage?	Yes	No
Are hold harmless agreements in the insureds favor in place for all contractors working on the insured premises and for any commercial tenants?	Yes	No
Does any insured own or manage any other properties?	Yes	No

Signature(s) – owner, insured, applicant

The signature below constitutes acknowledgment of information provided on this supplemental application and any other application or forms that may have been included as part of the application for insurance. This may include but is not limited to various Acord forms, a statement of values, a schedule of locations and/or a lead supplemental application.

Name		Name	
Signature		Signature	
Date		Date	

Any person who knowingly and with the intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: Substantial] civil penalties, (not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, Insurance benefits may also be denied)

Please send submissions to alan@bandcins.com