

Applicant's Name:
Location Address:
Date of Application:
Housing Type (Apartments, Condominium, Co-Operative)
If more than one location, please provide a spreadsheet (including all locations) to answer all questions that apply.

OCCUPANCY						
Describe any non-apartment occupancies at the location & provide square footage:						
Senior Residents?		Yes		No	% of total units	
Retirement, Assisted Living or Senior Housing? Explain:						
Student Residents?		Yes		No	% of total units	
Student occupied units under a 12 month lease?		Yes		No	If no : please explain	
Are there any units made available for affordable housing voucher programs such as HUD Section 8?				If so: What is the # of units?		
Other subsidized housing? Type?				If so: What is the # of units?		

Questions Applicable to Condominium & Townhome Associations Only						
Are any units leased to others?		Yes		No	If Yes, % of Units	
If Yes, are any units rented on a short term (Less than 6 month) Basis?		Yes		No	If Yes, % of Units?	

Questions Applicable to All Risks						
Original Year Built:						
Number of Units:						

BUILDING SYSTEMS						
If building is over 20 years, indicate the date of most recent modernization of the following:						
HEATING		PLUMBING				
WIRING		ROOFING				

**McGowan Program Administrators
Supplemental Package Application**

Is there any EIFS / Synthetic Stucco Siding?		Yes		No
Are circuit breakers used throughout?		Yes		No
Are any breaker panels Federal Pacific Stab Lok, Challenger, or ZINSCO brand panels?		Yes		No
Any Knob & Tube Wiring still in use?		Yes		No
Are Fuse Systems still in use?		Yes		No
If yes, describe location and extent of Fuses in use:				
Type of Wiring:				
Is Polybutelene Piping used?		Yes		No
Sprinkler System		Yes		No
Fire Alarms		Yes		No
			Local	Central Station
LIFE SAFETY				
Security bars on the windows?		Yes		No
Security bars quick release type?		Yes		No
Locks re-keyed for new occupants?		Yes		No
Dead-bolt locks for each unit?		Yes		No
Security Guard on premises?		Yes	No	If yes, are they Armed?
		Yes		No
Pool on the premises?		Yes	No	If yes, how many?
Pool has a diving board or slide?		Yes		No
Poolside Lifesaving equipment present?		Yes		No
Pool fenced with self-closing gate/door?		Yes		No
Pool depth clearly marked?		Yes		No
Lifeguard on Duty?		Yes		No
Is lifeguard an employee contracted?		Yes		No
Marina or other recreational activities or equipment provided?		Yes		No
Smoke detectors in each unit and common areas?		Yes		No
Smoke detectors hard-wired?		Yes		No
Smoke detectors battery operated?		Yes		No
Are the battery operated smoke detectors using lithium batteries?		Yes		No
Grill policy in place and enforced for both charcoal and/or gas grills? If yes, describe rule:		Yes		No
Fireplaces in any of the living units?		Yes		No
If yes, describe: Gas or Wood Burning		Gas		Wood
BUILDINGS 4 STORIES OR HIGHER				
Are there two (2) means of egress from each floor?		Yes		No
Are all exit doors unlocked and unobstructed?		Yes		No
Do all stairwells contain self-closing fire doors?		Yes		No
Are there standpipes in the stairwells?		Yes		No

**McGowan Program Administrators
Supplemental Package Application**

Do the stairwells contain emergency lighting?	Yes	No
Is there an emergency evacuation plan and diagram posted on every floor?	Yes	No
Is there a pull down fire alarm mechanism on every floor?	Yes	No
Are there more than 25% of the tenants that live above the 4 th floor age 65 or over?	Yes	No
OTHER		
Are there any other locations owned by the named insured that is not on the application for coverage?	Yes	No
Is location professionally managed?	Yes	No
Property Manager		
Are certificates of liability required and obtained from Contractors?	Yes	No
Is property undergoing renovations?	Yes	No
Please describe pet policy and whether there are restrictions in the lease prohibiting aggressive breed dogs:		
Any other comments:		
<p>Anti-Fraud Agreement: The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Information And Statements Set Forth In This Application (Including The Supplemental Applications And Schedules) Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/OR Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application, The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.</p>		

Insured's Signature Date

Insured's Printed Name Date

Producer's Signature Date

Producer's Printed Name Date