

1. Proposed First Named Insured & Other Named Insured(s):

2. Mailing Address Street City County State ZIP Code

3. Location Address Street City County State ZIP Code

- 1.
- 2.
- 3.
- 4.
- 5.

4. Telephone: _____ Fax: _____

Website: _____

5. Contact person/phone #: _____ Inspection: _____
Accounting/Records: _____

6. Business Type: Individual Partnership Corporation LLC Trust
 Other (specify): _____

7. Operating as: For Profit Nonprofit Other:

8. Effective Date Desired: From: _____ To: _____ Term Desired: _____

PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary **See Loss Runs Attached**

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No Yes - If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Policy Dates	Carrier	Policy Number	Premium	Coverage	Check if Claims-Made	Description of Loss
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

GENERAL INFORMATION – Where appropriate, use Y (Yes) or N (No)

	Location 1	Location 2	Location 3	Location 4	Location 5
Number of Stories					
Number of Units					
Number of Vacant Units					
Number of means of egress					
All exits marked with EXIT sign?					
Percent Sprinklered					
Describe areas not sprinklered. (Note Loc # next to description)					
Year built					
Describe property/premises updates. (Note Loc # next to description)					

	Location 1	Location 2	Location 3	Location 4	Location 5
Current renovations?					
If yes, cost/type of renovations. (Note Loc # next to description)					
Years Owned					
Any EIFS or DEFS siding?					
Is there a parking lot?					
Owner/manager lives on premises?					

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are there any outstanding municipal code violations?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there sponsored events?
If yes, indicate type: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do any locations provide nursing and/or convalescent services? | <input type="checkbox"/> | <input type="checkbox"/> |

PROPERTY COVERAGE

- | In accordance with applicable building codes: | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Are heat and smoke detectors in all units?
If battery operated, are batteries replaced at least every 6 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there fire extinguishers on premises? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there a central station fire alarm? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are barbecue grills allowed on outside balconies or decks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL LIABILITY COVERAGE

- | In accordance with applicable building codes: | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are sidewalks, driveways and parking lots regularly maintained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If subcontractors perform renovations, janitorial, lawn care, snow removal and/or other maintenance services: | | | |
| a. Are certificates of insurance on file? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you named as an additional insured on their policy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are coverage and limits equal to or greater than your policy limits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is there a hold harmless agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there emergency lighting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there a swimming pool at any of the locations?
<i>If yes, complete S1055-CG, Water Hazards Liability Application.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Recreational Facilities: Where appropriate, use Y (Yes) and N (No) | | | |

Playground Equipment	Location 1	Location 2	Location 3	Location 4	Location 5
Type of surface below playground					
Age of equipment					
Is equipment regularly inspected?					
Describe access to facility. (Note Loc # next to description)					

Other Exposures

Describe: _____

SECURITY

- Is security provided? Yes No
If yes, type: Patrol Gated/Property Access Alarm Systems Security Cameras Locks
- Does the lease/rental agreement make any warranties with regard to security? Yes No
If yes, explain: _____

Complete only the sections that apply. Where appropriate, use Y (Yes) or N (No)

	Location 1	Location 2	Location 3	Location 4	Location 5
Patrol					
Are security guards armed?					
If yes, do they carry concealed weapons, firearms, stun guns or Tasers (Electronic Control Devices)?					
If yes, advise types of weapons carried.					
Indicate if guards are employees or independent contractors.					
If independent contractors, are certificates of insurance required?					
Are you named as an additional insured on their policy?					
Is security 24 hours?					

Gated/Property Access

Is the property fenced/gated?					
Is the building entrance secured?					

Alarm Systems

Are alarm systems in every unit?					
Indicate if alarms are central station or locally monitored.					

Security Cameras

Is there a security camera system?					
Are common areas and parking facilities lighted?					

Window and Door Locks

Do sliding doors have additional locks?					
Are dead bolts on entry doors?					
Are viewing windows in front doors?					
Do windows have locks/bars?					
Are there dead bolts on the doors?					

HISTORY

	Yes	No
1. Have you declared bankruptcy (Chapters 7, 11 or 13) within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had any prior losses due to mold? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you allow individuals under the influence of drugs and/or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you provide separate sleeping facilities based on gender? If no, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Are cooking surfaces unprotected?	<input type="checkbox"/>	<input type="checkbox"/>
6. # Beds: _____ # Meals served daily: _____		
Length of stay: From: _____ (shortest) To: _____ (longest)		
Average length of stay: _____		
7. Resident ages: From: _____ (youngest) To: _____ (oldest)		

	Yes	No
8. Are you in compliance with licensing requirements? If no, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Has there or is there any licensing or code violations for the listed facility? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Years under present management: _____		
11. Is at least one of the principals or an Administrator/Director involved in the operation full-time?	<input type="checkbox"/>	<input type="checkbox"/>
12. Emergency Procedures:		
a. Do you have a written Emergency Evacuation Plan?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your plan include advance agreement of transportation and temporary shelter?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are evacuation procedures posted in all parts of your facility?	<input type="checkbox"/>	<input type="checkbox"/>
d. How often are drills conducted?	<input type="checkbox"/>	<input type="checkbox"/>
13. Name all subsidiary companies/locations and others under your control: _____	<input type="checkbox"/> None	

COVERAGES

1. Do you desire Assault or Battery Coverage? Yes No If yes:

 a. Have there been or are there currently any allegations, incidents, losses or claims for assault or battery?
 Yes No If yes, provide details: _____

 b. Liability Limits requested: _____

2. Do you desire Abuse or Molestation Coverage? Yes No
If yes, complete S2832-CG, Abuse & Molestation Application Supplement.

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		