



8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 877-585-2853 • Fax 877-585-2854

**APARTMENT
APPLICATION**

1. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Apartment (if different): _____

Population within 50 miles: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____ Producer's Name: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Does your company have within its staff of employees, a position whose job description deals with loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?
 Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

2. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide names for all insurance companies that have provided applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the applicant or any predecessor ever had a claim? Yes No

Attach a five-year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or wrongful act which might give rise to a claim covered by this policy, prior to the inception of this policy? Yes No

If yes, please explain: _____

Has the applicant, or anyone on the applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

3. Desired Insurance – Attach Excel worksheet with full COPE information for more than one building and a plot map showing the distances between the buildings.

****NOTE: Flood coverage is excluded.**

	Actual Cash Value	Coinsurance
Building Value	\$	\$
Contents Value	\$	\$
Business Income	\$	\$
Other	\$	\$

1. Check Coverage(s) Desired: Basic Broad Form Burglary
 2. Deductible: \$2,500 (Minimum) \$5,000 \$10,000

Per Claim/Aggregate

- \$50,000/\$100,000
 \$150,000/\$300,000
 \$250,000/\$500,000
 \$500,000/\$1,000,000
 \$1,000,000/\$2,000,000

Per Person/Per Claim/Aggregate

- \$25,000/\$50,000/\$100,000
 \$75,000/\$150,000/\$300,000
 \$100,000/\$250,000/\$500,000
 \$250,000/\$500,000/\$1,000,000
 \$500,000/\$1,000,000/\$2,000,000

4. Property Information

Answer the following questions for each location to be insured (attach additional schedules for additional building and contents if needed):

1. Protection class at risk: _____ Construction: _____
 2. Year built (approximate if necessary): _____ Number of stories: _____
 3. Predominant construction material: _____ Square Footage: _____
 4. Number of units per building : _____
 5. Occupancy: % of Student Housing _____ % of Subsidized _____ % of Elderly _____
 6. Mortgagee/loss payee: _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____
 E-Mail: _____
 Business Number: _____ Fax: _____
 7. Neighborhood description: _____

- a. Type: Residential Commercial Rural
 b. Status: Improving Stable

8. On-site Manager? Yes No

Hours available? _____

9. Are units available for daily or weekly rental? Yes No

10. Building improvements? Yes No

If over 20 years old, provide complete details.

- a. Wiring? Yes No Extent & Year: _____
- b. Plumbing? Yes No Extent & Year: _____
- c. Roofing? Yes No Extent & Year: _____
- d. Heating? Yes No Extent & Year: _____

11. If aluminum wiring, have all outlets been pigtailed and checked by a licensed electrical contractor? Yes No

When and extent of work completed? _____

12. Condition of the Property? Good Average Poor

13. Is there an elevator on premises? Yes No

Is an elevator maintenance agreement in force? Yes No

14. Are space heaters utilized or are tenants permitted to have space heaters? Yes No

15. Are Hallways/stairwells open or closed: Open Closed # of Exits: _____

16. Are there Fire doors and panic hardware? Yes No

Is it monitored to a desk? Yes No

17. Are there heat/smoke detectors in each unit? Yes No

Are they: Hard Wired or Battery

18. How often are detectors tested? _____ How often are batteries replaced? _____

19. Are there carbon monoxide detectors in each unit? Yes No

20. Is the building sprinklered? Yes No

Any areas not sprinklered (explain)? _____

21. Is the property compliant with all city/state housing codes? Yes No

If no, provide full details _____

22. Approximate distance to nearest hydrant? _____

23. Fire equipment: _____ # of extinguishers: _____

24. Are sliding glass doors equipped with additional locks? Yes No

25. Do entry doors have peepholes and keyless deadbolts? Yes No

26. Are there security guards on premises? Yes No

If yes, provide full details – armed or unarmed, off-duty police, independent firm (which provide COI and A/I) or employees and if there is any non-cash compensation: _____

27. Are there fences and/or gates surrounding the property? Yes No

Please explain: _____

28. Are criminal checks done on employees? Yes No

29. Are criminal checks done on prospective tenants? Yes No

30. Have there been any previous incidents of physical or sexual assault on premises? Yes No

31. Hazards noted:

a. Dead trees or limbs Yes No

b. Adjacent property Yes No

Describe: _____

- c. Difficult access for Fire Dept. Yes No
- d. Open foundation Yes No
- e. Flooding or high water Yes No
- **NOTE: Flood coverage is excluded.
- f. Isolated or hidden Yes No
- g. Combustible brush or debris Yes No

32. Is janitorial, lawn care, or snow removal performed by outside contractors or employees? Yes No

33. If outside contractors are hired, is a certificate of insurance provided? Yes No

Swimming Pools: Check here if not applicable

1. Are lifeguards employed by you or subcontracted? Yes No

If yes, are COI provided? Yes No

2. Number of Pools? _____ Number of Spas/hot tubs? _____

3. Are pools fences from all units? Yes No

If yes, what is the height of the fence? _____

4. Is there any diving boards or slides? Yes No

If yes, what are the heights of each? _____

5. Are there depth markers? Yes No

Are there Shepard's hook/ring nearby? Yes No

6. Is there a self-closing gate? Yes No

7. Are warning signs and rules posted in a clearly visible area? Yes No

8. Please describe all yes answers below:

Baseball Fields	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clubhouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basketball Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convenience Store	<input type="checkbox"/> Yes <input type="checkbox"/> No	Saunas/Spas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Racquetball Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exercise Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Security Guards	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tennis/Volleyball Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lakes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laundry Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bathing Beaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lifeguards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Events	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bike/Horse Trails	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Streets/Roads	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boat Docks/Slips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Playgrounds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please explain: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name