

# APARTMENT SUPPLEMENT

Complete in addition to ACORD 125 and ACORD General Liability Section

## GENERAL

1. Name Insured/Complex \_\_\_\_\_
2. Location \_\_\_\_\_ Inside City Limits? \_\_\_\_\_
3. Property Management Firm \_\_\_\_\_
4. How long has insured owned/managed the property? \_\_\_\_\_
5. Does management firm carry insurance? \_\_\_\_\_ If yes, what are limits? \_\_\_\_\_
6. Is Insured named as an additional insured & furnished with a Cert. Of Insurance? \_\_\_\_\_
7. Average monthly rents: 1BR \_\_\_\_\_ 2 BR \_\_\_\_\_ 3BR \_\_\_\_\_
8. What percentage of occupants are: White Collar \_\_\_\_\_ Blue Collar \_\_\_\_\_ Students \_\_\_\_\_  
Families w/ children \_\_\_\_\_ Elderly \_\_\_\_\_ Assisted Living \_\_\_\_\_
9. No. of units \_\_\_\_\_ Percentage occupied \_\_\_\_\_
10. No. of subsidized units \_\_\_\_\_ Gov't voucher units \_\_\_\_\_
11. Is the area the risk is in: Upscale \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

## CONSTRUCTION

1. Year of construction \_\_\_\_\_ Type of construction \_\_\_\_\_ Roof \_\_\_\_\_
2. Updates (if over 25 years old): Roof \_\_\_\_\_ Plumbing \_\_\_\_\_  
HVAC \_\_\_\_\_ Electrical \_\_\_\_\_
3. Total Square Footage \_\_\_\_\_ No. of buildings \_\_\_\_\_ No. of stories \_\_\_\_\_
4. Type wiring \_\_\_\_\_ If aluminum, is each outlet pig-tailed \_\_\_\_\_
5. Do all exterior doors have a keyless bolting device \_\_\_\_\_ Peephole door viewer \_\_\_\_\_
6. Any sliding glass doors \_\_\_\_\_ If yes, do they have tow forms of locks & what are they \_\_\_\_\_  
\_\_\_\_\_

# SAFETY

1. Does the Insured have a safety awareness program? \_\_\_\_\_
2. Do they maintain contacts with police and monitor crime in the area? \_\_\_\_\_
3. Do they alert current & potential tenants of crime in the area in writing & document such in file? \_\_\_\_\_
4. Does Insured make any guarantees/warranties as respects tenant safety &/or advertise that security is provided? \_\_\_\_\_
5. Are complete background checks performed on all employees? \_\_\_\_\_ Are any gaps in employment history thoroughly investigated? \_\_\_\_\_
6. Is security service provided? \_\_\_\_\_ If yes, provide the following information:
  - Name of security firm \_\_\_\_\_
  - What limit of liability is security service required to carry? \_\_\_\_\_
  - Does security service name the Insured as an additional insured & provide them with a Certificate Of Insurance? \_\_\_\_\_
  - Does security service hold the Insured harmless contractually? \_\_\_\_\_
  - Are the guards armed/unarmed? \_\_\_\_\_
7. Does this complex have a Master Key System or Coded Key System? \_\_\_\_\_
8. Are keys kept in locked cabinet? \_\_\_\_\_ If not, where? \_\_\_\_\_
9. Are records kept about re-keying apartments? \_\_\_\_\_ Where? \_\_\_\_\_
10. Are all units re-keyed prior to leasing to new tenant after old tenant has moved out? \_\_\_\_\_
11. How long does it take to re-key after a tenant's request? \_\_\_\_\_
12. Smoke alarms (hardwired or battery) \_\_\_\_\_ If battery, how often are they checked? \_\_\_\_\_  
If hardwired, are they tied to central station? \_\_\_\_\_
13. Any Fire Alarms? \_\_\_\_\_ Any other fire/safety system(s)? \_\_\_\_\_  
If yes, provide details \_\_\_\_\_
14. Are parking areas checked regularly for potholes & repaired? \_\_\_\_\_

# FACILITIES

1. Number of pools? \_\_\_\_\_ For each pool, provide the following information:
  - Fence height \_\_\_\_\_
  - Self latching gate \_\_\_\_\_ Latch located inside or outside of fence \_\_\_\_\_
  - Rules & hours open clearly posted \_\_\_\_\_ Is gate locked when pool closed? \_\_\_\_\_
  - Depth of pool \_\_\_\_\_ Depth markers present \_\_\_\_\_
  - Non slip surface around pool \_\_\_\_\_
  - Ground fault interrupters on all electrical equipment \_\_\_\_\_
  - Type safety equipment \_\_\_\_\_
  - Ladder at deep end with handrail \_\_\_\_\_
  - Steps at shallow end with handrail \_\_\_\_\_
  
2. Any other recreational facilities provided ? \_\_\_\_\_ If yes, provide details \_\_\_\_\_  
\_\_\_\_\_
  
3. Does location provide nursery/daycare facilities? \_\_\_\_\_ If yes, provide no. of students \_\_\_\_\_  
No. of teachers \_\_\_\_\_
  
4. Does Insured provide any community facilities &/or services? \_\_\_\_\_  
If yes, provide complete details \_\_\_\_\_