



**COLONY SPECIALTY INSURANCE
APARTMENT / SINGLE FAMILY DWELLINGS
SUPPLEMENTAL APPLICATION**

General Agent Name _____

Insured: _____ Date: _____

GENERAL INFORMATION

_____ Year Built When were the following updates performed?
 Heating: _____
 Electrical: _____ Is wiring aluminum? _____ (Aluminum wiring is prohibited)
 Plumbing: _____

Total # of units: How many units with the following exposures:
 # _____ Dwelling(s) # _____ Apartment(s) with a total of _____ individual units
 # _____ Assisted living, adult foster care, halfway house, homeless shelter or rehabilitation centers (All prohibited)
 # _____ Converted to condos
 # _____ Subsidized housing including housing authority (Prohibited if over 25%)
 # _____ Student housing (Prohibited if over 25%)
 # _____ Single family dwellings (If over 10, submit for approval)
 # _____ Spaces used as Mobile home parks or courts (Not Eligible for Apartment Program)
 # _____ Timeshares (Not Eligible for Apartment Program)
 # _____ Undergoing major renovations (Prohibited)

LIFE SAFETY & SECURITY

_____ Confirm Fire Extinguishers are adequately placed and currently tagged
 _____ Confirm smoke detectors are in all units? Battery () or Hardwired ()
 _____ Confirm Security Guards are not armed (Armed guards are prohibited)

Occupancy Rate _____ (Prohibited if less than 75% annually)
#Stories _____ If over 4 stories confirm building is 100% sprinklered, masonry non-combustible (or better) construction, life safety standards are met and an elevator maintenance agreement is in effect.
Streets or roads: Controlled by the insured? _____ If yes, how many miles? _____

- Is there an apartment manager on premises? _____ What are the average monthly rents _____
- Have there been any incidents of unlawful eviction within the last 3 years? _____
- Have there been any violations of any city, county or state housing code within the last three years? _____

RECREATIONAL FACILITIES

_____ Baseball diamonds, basketball, racquetball, shuffleboard, tennis or valley ball courts
 # _____ Beach fronts or lakes. Acres of each lake _____
 # _____ Bicycle trails Miles of each _____
 # _____ Clubhouses – square footage of clubhouse _____, # Convenience Stores _____ # Fitness Centers _____
 # _____ Docks # _____ Slips # _____ Boat ramps
 # _____ Playgrounds or parks? # park acres _____
 # _____ Restaurants – If restaurant, attach Restaurant/Tavern/Bar Supplemental Application
 # _____ Swimming Pools # Saunas _____ # Spas _____
 Confirm pools are fenced with self-latching gates _____
 Confirm rules, hours and depth markers posted _____
 Confirm life safety equipment is available _____
 Confirm no slides or diving boards (Prohibited) _____

Describe all losses in the past 3 years: _____
 Has insurance been canceled or non-renewed in the past year for non compliance of recommendations? _____
 Has applicant filed Bankruptcy (Chapter 7, 11 or 13) or is applicant in receivership? _____ (Prohibited)

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____
 Producer Signature: _____ Date: _____