

**Property**

1. Property Name: \_\_\_\_\_
2. Property Description: \_\_\_\_\_
4. Total # units \_\_\_\_ # of occupied units \_\_\_\_

**Construction**

5. # of stories: \_\_\_\_ **Construction:** (\_\_\_\_)Frame (\_\_\_\_)JM (\_\_\_\_)Fire Res. (\_\_\_\_)MNC (\_\_\_\_)NC (\_\_\_\_)Other: \_\_\_\_\_
6. Is there any EIFS, Dryvit or similar exterior construction present? ( )Yes ( )No
7. EIFS type systems are prohibited. (EIFS used for decorative or ornamental purposes, call your underwriter prior to submitting)
8. **Roof Information (Must be completed to secure quote)**
- (\_\_\_\_)Single Ply Membrane (\_\_\_\_)Built-up (\_\_\_\_)Shingles - (55 MPH Rated) (\_\_\_\_)Shingles - (110 MPH Rated)  
(\_\_\_\_)Concrete Tile (\_\_\_\_)Clay Tiles (\_\_\_\_)Wood Shingles (\_\_\_\_)Metal (\_\_\_\_)Other: \_\_\_\_\_
9. Age of roof: (last replacement or update) \_\_\_\_\_ Are there roof anchor or hurricane straps? Yes \_\_\_\_ No \_\_\_\_

**Roof Geometry: ( See discription of roof types on page 2 )**

- (\_\_\_\_)Hip (\_\_\_\_)Gable (\_\_\_\_)Flat with Mansard (\_\_\_\_)Monoslope (\_\_\_\_)Flat (\_\_\_\_)Mono-Slope (\_\_\_\_) Other
10. If roof is flat is there any equipment attached? (describe) \_\_\_\_\_
11. Is equipment securely anchored to the roof? Yes \_\_\_\_ No \_\_\_\_ Are there hurricane shutters/pannels? Yes \_\_\_\_ No \_\_\_\_
12. Are the building(s) windows and or doors made of IMPACT GLASS? Yes \_\_\_\_ No \_\_\_\_

**Renovations / Updates**

13. Are any renovations currently being performed to the exterior or interior of the building(s)? \_\_\_\_\_
14. Year of updates: Plumbing \_\_\_\_ Electrical \_\_\_\_ HVAC \_\_\_\_ Water heaters \_\_\_\_ Gas or electric? \_\_\_\_
15. Gut Renovations: Year \_\_\_\_ Details \_\_\_\_\_

**Fire Protection**

16. Sprinklered? None \_\_\_\_ Fully \_\_\_\_ If partial, describe areas protected: \_\_\_\_\_
17. Smoke detectors? Yes \_\_\_\_ No \_\_\_\_ If Yes: Hardwired \_\_\_\_ Battery \_\_\_\_
- If battery, are measures taken to maintain and keep operational? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_
18. Fire Extinguishers on each floor? Yes \_\_\_\_ No \_\_\_\_ In each unit? Yes \_\_\_\_ No \_\_\_\_

**ALF Property Supplemental**

**Additional Information required**

19. List any mold, hidden decay or collapse losses paid or reported:

Description here: \_\_\_\_\_

21. ATTACH A PLOT PLAN OR DIAGRAM OF THE PREMISES SHOWING THE DISTANCES BETWEEN BUILDINGS

22. ATTACH A STATEMENT OF VALUES

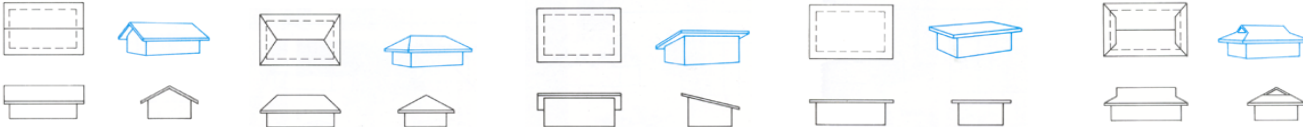
Gable Roof

Hip Roof

Slope Roof

Flat Roof

Dutch Hip Roof



**General**

- 1) Does insured meet all NFPA life safety codes? **Yes** \_\_\_ **No** \_\_\_
- 2) Is Smoking permitted on the premise? **Yes** \_\_\_ **No** \_\_\_
- 3) Is cooking permitted in rooms? **Yes** \_\_\_ **No** \_\_\_
- 4) Is there an auxiliary electrical supply system? **Yes** \_\_\_ **No** \_\_\_
- 5) Date of last State inspection \_\_\_\_\_

**Is the property in any type of bankruptcy, receivership or in foreclosure? (\_\_\_)YES (\_\_\_)NO**

Version: 04/08/2010/JHSUM

**ANSWER ALL QUESTIONS - IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE**

This information does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or person to criminal and civil penalties. information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading.

**APPLICANTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Name and phone number if individual to contact for inspection** \_\_\_\_\_