

Pppkd0503



We've Got You Covered

Preferred Property Programs

Apartment Application

Holmdel Executive Center
960 Holmdel Road
Holmdel, NJ 07733

877.807.8708 fax 213.627.5006

Name of Agency _____

Contact Name _____

Address _____

Address _____

Phone: _____ Fax: _____

PPP APARTMENT APPLICATION:

Name of Apartment Complex: _____

Mailing Address (C/O, Street, City, State, Zip Code) c/o _____

Street _____ City _____ State _____ Zip Code _____

Description of Operations _____

(If occupied by tenants other than habitational, please list)

LIMIT AVAILABLE

\$25,000,000

Proposed Effective Date _____

Expiration Date If Short Term _____

Does your company currently write this account? yes no

Is this account being quoted Mid term? yes no Why? _____

Current Umbrella Carrier: _____ Current Umbrella Premium _____ Limit: _____

Apartment type:

- High Rise Apartment
- Garden Style Apartment
- Mixed Use (Habitational & Retail)

Excess of Underlying Insurance Coverage's

- General Liability Per Location Endorsement (if multiple locations)
- Employers Liability
- Commercial Automobile

RATING INFORMATION:

- Frame Brick Veneer Joisted Masonry Non-Combustible Masonry Non-Combustible Fire Resistive
- Modified Fire Resistive Other (explain) _____

of Residential/Homeowner Units _____ # of Pools _____ Diving Board Yes No -height _____

Year Built _____ # of Stories _____ Underlying GL Premium _____ Number of Employees _____

- | | | | | |
|--------------------|-------------------------------|-------------------------------------|---|--|
| Sprinkler System | <input type="checkbox"/> None | <input type="checkbox"/> 100% | <input type="checkbox"/> Partial (explain) _____ | <input type="checkbox"/> Common Areas Only |
| Smoke Detectors | <input type="checkbox"/> None | <input type="checkbox"/> Every Unit | <input type="checkbox"/> Every Unit & Common Areas | <input type="checkbox"/> Common Areas Only |
| Standpipes | <input type="checkbox"/> yes | <input type="checkbox"/> No | Emergency Lighting? <input type="checkbox"/> yes <input type="checkbox"/> No | |
| Elevator Recall | <input type="checkbox"/> yes | <input type="checkbox"/> No | Annunciator Panels? <input type="checkbox"/> yes <input type="checkbox"/> No | |
| Manual Pull Alarms | <input type="checkbox"/> yes | <input type="checkbox"/> No | Two Exits Per Floor? <input type="checkbox"/> yes <input type="checkbox"/> No | |
| | | | Enclosed Stairwells <input type="checkbox"/> yes <input type="checkbox"/> No | |

AUTO EXPOSURE: N/A Hired & Non Owned Only Fleet

Total # Of vehicles _____ Combined single limit \$1,000,000 underlying minimum required

Class of vehicles # Light _____ Medium _____ Private Passenger _____

Passenger Vans _____ Passenger Capacity _____



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Additional Exposures

- Restaurant
- Tot Lots # _____
- Commercial Sq Footage _____
- Office Sq Footage _____
- Lakes or Ponds Depth ? _____
- NONE
- Boat Slips # _____
- Golf Course
- Ski Area
- Sauna
- Swimming or Skating Allowed?
- Day Care
- Exercise/Weight Room
- Retail Stores Square Footage _____
- Other (elaborate) _____
- Yes No Posted Yes No

Liability Exclusions and Endorsements: Check All that Apply:

- Standard ISO Forms
- Lead Contamination Exclusion
- Assault and Battery Exclusion
- Asbestos Exclusion
- Punitive Damages Exclusion
- Employment Related Exclusion
- Designated Premises Limitation
- Professional Liability Exclusion
- Physical/Sexual Abuse
- Terrorism
- Mold /Fungus /Spore
- Other (list)

Insured Property Location:

Same as Mailing

City _____ State _____ County _____ Zip Code _____

Street Addresses

Provide street addresses for all buildings

Same as Mailing

PRIOR CARRIER INFORMATION:

Has any insurance been non-renewed or cancelled by an insurance company in the last 3 years yes no

Describe circumstances, give carrier name, reasons for non-renewal or cancellation and dates

SCHEDULE OF UNDERLYING LIABILITY:

Primary Liability (CARRIER MUST BE RATED A- VII OR BETTER)

Per Location Endorsement for multiple locations

Carrier _____

Policy No. _____

Per Occurrence Liability limit _____ General Aggregate _____ Effective Date _____

Employers Liability N/A (CARRIER MUST BE RATED A- VII OR BETTER)

Carrier _____

Policy No. _____

Liability limit _____ Effective Date _____

Fill this out online at:

<https://www.secure-quotes.com/kdavis>

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Automobile Liability N/A (CARRIER MUST BE RATED A- VII OR BETTER)

Carrier _____

Policy No. _____

Liability Limit _____ Effective Date _____

LOSS HISTORY INFORMATION:

List all liability occurrences, claims and losses for **past 5 years over \$25,000** . You must attach insurance company loss runs. Describe any general liability, automobile or workers compensation claims exceeding \$50,000. If None so state.

Date	Type/Description of Occurrence	Paid Amount	Reserve Amount	Status Open/Closed
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Is any person/entity proposed for this Insurance aware of any fact, circumstance, or situation which may result in or give rise to a claim against the organization or any of its Members, Officers, or Employees?

yes no Provide Details, if yes:

FRAUD CLAUSE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

Applicant / Authorized Representative Signature

Date

SUPPLEMENTAL ATTACH ONLY IF NECESSARY



PPP ADDITIONAL APARTMENTS APPLICATION:

Location # _____

Name of Apartment Complex: _____

Insured Property Location:

Street Addresses _____ Provide street addresses for all buildings

City _____ State _____ County _____ Zip Code _____

Proposed Effective Date _____

Apartment type:

- High Rise Apartment
- Garden Style Apartment
- Mixed Use (Habitational & Retail)

Excess of Underlying Insurance Coverage's

- General Liability
- Employers Liability
- Commercial Automobile
- Per Location Endorsement (if multiple locations) is required for eligibility.

RATING INFORMATION:

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- Modified Fire Resistive Other (explain) _____

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| Manual Pull Alarms | <input type="checkbox"/> yes | <input type="checkbox"/> No | Two Exits Per Floor? <input type="checkbox"/> yes | <input type="checkbox"/> No |
| | | | Enclosed Stairwells <input type="checkbox"/> yes | <input type="checkbox"/> No |

DESCRIPTION OF OPERATION:

(If occupied by tenants other than habitational, please list)

(MAKE ADDITIONAL COPIES AS NEEDED FOR EACH ADDITIONAL LOCATION)

Liability Exclusions and Endorsements: Check All that Apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Standard ISO Forms | <input type="checkbox"/> Punitive Damages Exclusion | <input type="checkbox"/> Physical/Sexual Abuse |
| <input type="checkbox"/> Lead Contamination Exclusion | <input type="checkbox"/> Employment Related Exclusion | <input type="checkbox"/> Terrorism |
| <input type="checkbox"/> Assault and Battery Exclusion | <input type="checkbox"/> Designated Premises Limitation | <input type="checkbox"/> Mold /Fungus /Spore |
| <input type="checkbox"/> Asbestos Exclusion | <input type="checkbox"/> Professional Liability Exclusion | <input type="checkbox"/> Other (list) |

Fill this out online at:

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SUPPLEMENTAL ATTACH IF NECESSARY

ADDITIONAL NAMED INSUREDS

Name of Additional Insured and Location #

_____ Location # _____

Name of Additional Insured and Location #

_____ Location # _____

Name of Additional Insured and Location #

_____ Location # _____

Name of Additional Insured and Location #

_____ Location # _____

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_____ Location # _____

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_____ Location # _____

Name of Additional Insured and Location #

_____ Location # _____

REMARKS:

