



CARRIER:

United States Liability Insurance Company

# Apartment Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

Coverage(s) Desired:  Property  General liability

Please complete a separate application for each additional apartment complex

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include Legal Entity and/or DBA name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business:  Individual  Corporation  Partnership  LLC  Trust  Other \_\_\_\_\_

### Description of Operations:

1. Have there been any property or liability losses in the last three years?  Yes  No

If yes, please provide the following information; additional claims or information may be submitted on separate sheet

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

2. How many years has the applicant owned this location? \_\_\_\_\_

3. How many apartment units are at this location? \_\_\_\_\_

4. Number of buildings? \_\_\_\_\_ If more than one building, please provide the following additional building information:

### Additional Building Information

Building Number	Building Limit	Square Footage	Business Income	Number of Units
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

5. Is any portion leased to commercial tenants?  Yes  No

If "Yes," what is the total area? \_\_\_\_\_ sq. ft. Please describe occupancy: \_\_\_\_\_

6. What percentage of units are occupied by student tenants? \_\_\_\_\_ %

**Property Coverage**

<b>Building Construction:</b>				
<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry NC	<input type="checkbox"/> Joisted masonry	<input type="checkbox"/> Modified fire resistive	<input type="checkbox"/> Noncombustible
<input type="checkbox"/> Fire resistive				
FUS Grade _____	Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None
What year was the building constructed? _____			Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____				
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____				
What is the age of the roof? _____ years				
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the square footage of the entire structure? _____ sq. ft.				
<b>Building Limit:</b> \$ _____		<b>Coinsurance</b> (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC		
<b>Business Personal Property Limit:</b> \$ _____		<b>Coinsurance</b> (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC		
<b>Business Income Limit:</b> \$ _____		<b>Coinsurance</b> _____ <u>or</u> <b>Monthly Limit of Indemnity</b>		
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%		

**Additional Property Coverages Requested** (check all that apply)

<input type="checkbox"/> Flood	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Equipment Breakdown	<input type="checkbox"/> Electronic Data
<input type="checkbox"/> Interruption of Computer Operations	
<input type="checkbox"/> Pool \$ _____	<input type="checkbox"/> Garage \$ _____
<input type="checkbox"/> Outdoor Sign \$ _____	
<input type="checkbox"/> Outdoor Equipment \$ _____	<input type="checkbox"/> Canopy/Awning \$ _____

**Liability Coverage**

6. Occurrence/Aggregate limit    \$1,000,000/\$2,000,000    \$2,000,000/\$2,000,000    \$2,000,000/\$5,000,000  
 \$3,000,000/\$3,000,000    \$4,000,000/\$4,000,000    \$5,000,000/\$5,000,000
7. Add Non-Owned and Hired Automobile Liability?    Yes    No   *If "Yes," please answer questions 25-27*
8. On the premises, how many:   Swimming pools? \_\_\_\_\_ Sport courts? \_\_\_\_\_ Parks/Playgrounds? \_\_\_\_\_

**Additional Interests** (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us")

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. ELIGIBILITY CRITERIA**

9. Are there any past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually in the past five years?                       Yes    No
10. Has Insurance coverage been cancelled or non-renewed in the past three years?                       Yes    No
- If "Yes," advise reason: \_\_\_\_\_

11. Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring?  Yes  No
12. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?  Yes  No
13. Is the applicant the owner of all properties?  Yes  No
14. Are there any wood-burning stoves?  Yes  No
15. Is any location a boarding or rooming house?  Yes  No
16. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?  Yes  No
17. Is the occupancy rate 70 percent or more? (Not applicable if the location has been available to tenants less than 12 months)  Yes  No
18. Is the location an assisted living or group home facility?  Yes  No
19. Is the location rented on a seasonal or time-share basis (less than six months)?  Yes  No

### Liability Coverage Section

20. Are armed security guards on premises at any time?  Yes  No
21. Are all buildings over three stories equipped with a fully enclosed fire protected stairwell or a fully functioning fire escape?  N/A  Yes  No
22. Are all exterior common doors, including exterior storage areas, locked and secured from unauthorized entry?  Yes  No
23. Are all pools completely fenced with a self-latching gate, depths are clearly marked, rules are clearly posted, life safety equipment is readily available and there are no diving boards or slides?  N/A  Yes  No
24. Is any building over seven (7) stories 100 percent sprinklered?  N/A  Yes  No

### Hired and Non-Owned

25. Is there a Commercial Auto Insurance policy in force?  Yes  No
26. Are vehicles used to transport people or deliver goods or products on a regular basis?  Yes  No
27. Are employees or volunteers required to use their personal vehicle to conduct the applicant's business on a regular basis?  Yes  No

### FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

### PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(Principal, Partner or Officer)

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: \_\_\_\_\_ Agent's signature: \_\_\_\_\_  
(Required in Prince Edward Island and Saskatchewan)

**Issued or made by United States Liability Insurance Company, Canada Branch in the course of its business in Canada.**