

**McGowan Program Administrators
Supplemental Package Application**

Applicant's Name:
Location Address:
Date of Application:
Housing Type (Apartments, Condominium, Co-Operative)
If more than one location, please provide a spreadsheet (including all locations) to answer all questions that apply.

OCCUPANCY									
Describe any non-apartment occupancies at the location & provide square footage:									
Senior Residents?		Yes		No	% of total units				
Retirement, Assisted Living or Senior Housing? Explain:									
Student Residents?		Yes		No	% of total units				
Student occupied units under a 12 month lease?				Yes		No	If no : please explain		
Student housing limited to Graduates only?				Yes		No			
Are there any units made available for affordable housing voucher programs such as HUD Section 8?						If so: What is the # of units?			
Other subsidized housing? Type?						If so: What is the # of units?			
Rental Units (Condominiums Only)		Yes		No	If Yes, % of Units				
If Yes, are any units rented on a short term (Less than 6 month) Basis?		Yes		No	If Yes, % of Units?				
Vacant Units?		Yes		No	If Yes, % of total units				
If Condominium or Townhomes, Is Coverage (Per Condo Docs):									
All In		Yes		No					
Original Specs		Yes		No					
Bare Walls		Yes		No					
TOTAL NUMBER OF UNITS:									
Number of Buildings									
Attach a plot plan if available					Total square footage?				
Average monthly rent per unit:									

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BUILDING SYSTEMS

If building is over 20 years, indicate the date of most recent modernization of the following:

HEATING		PLUMBING	
WIRING		ROOFING	

Details of upgrades or maintenance:

Is there any EIFS / Synthetic Stucco Siding?	Yes	No
Are circuit breakers used throughout?	Yes	No
Are any breakers Federal Pacific Stab Lok Type?	Yes	No
Any Knob & Tube Wiring still in use?	Yes	No
Are Fuse Systems still in use?	Yes	No

If yes, describe location and extent of Fuses in use:

Type of Wiring:

If Aluminum, is it repaired with cop alum crimp connectors?	Yes	No
Is Polybutelene Piping used?	Yes	No

If Yes, describe plans to replace:

Roof Type:

Asphalt / Composition Shingles or Rolled Asphalt ____% Dimensional Architectural Shingles ____%
Wood Shake / Shingle ____% Concrete or Clay Tile ____% Flat Tar & Gravel ____%
Flat Membrane ____%

Sprinkler System	Yes	No	% of area	
Sprinkler System in attic?	Yes	No		
Fire Alarms	Yes	No	Local	Central Station
Are there firewalls in any building that extend to the roof or past the roof and that are uncompromised or with self-closing fire rated doors?	Yes	No		
Firewall extends beyond the roof (parapet)	Yes	No	How many inches high is the extension?	
Fire wall number per building:				
Enclosed stairwells?	Yes	No		
Automatic closing fire doors?	Yes	No		

LIFE SAFETY

Security bars on the windows?	Yes	No			
Security bars quick release type?	Yes	No			
Balcony rail spacing and/or staircase exceed 4 inches?	Yes	No			
Converted buildings - buildings originally built for the purpose other than habitational use? Describe:	Yes	No			
Locks re-keyed for new occupants?	Yes	No			
Dead-bolt locks for each unit?	Yes	No			
Security Guard on premises?	Yes	No	If yes, are they Armed?	Yes	No
Pool on the premises?	Yes	No	If yes, how many?		
Pool has a diving board or slide?	Yes	No			

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Poolside Lifesaving equipment present?	Yes	No
Pool fenced with self-closing gate/door?	Yes	No
Pool depth clearly marked?	Yes	No
Pool area non-skid?	Yes	No
Playground at this location?	Yes	No
Playground covering material and depth:		
Ponds, lakes or streams located on or near the location?	Yes	No
Marina or other recreational activities or equipment provided?		
Pond/lake public use and access?		
Pond fence around the perimeter?		
Smoke detectors in each unit and common areas?	Yes	No
Smoke detectors hard-wired?	Yes	No
Smoke detectors battery operated?	Yes	No
Emergency Lighting?	Yes	No
Fire Extinguishers?	Yes	No
Pull Stations in Hallways?	Yes	No
Carbon Monoxide Detectors in Units?	Yes	No
Grill policy in place and enforced for both charcoal and/or gas grills? If yes, describe rule:	Yes	No
Wood burning stoves used on the premises?	Yes	No
Fireplaces in any of the living units?	Yes	No
Inspection program for each and every fireplace on the premises?	Yes	No
If yes, describe:	Yes	No
BUILDINGS OVER 4 STORIES		
Are there two (2) means of egress from each floor?	Yes	No
Are all exit doors unlocked and unobstructed?	Yes	No
Do all stairwells contain self-closing fire doors?	Yes	No
Are there standpipes in the stairwells?	Yes	No
Do the stairwells contain emergency lighting?	Yes	No
Is there an emergency evacuation plan and diagram posted on every floor?	Yes	No
Is there a pull down fire alarm mechanism on every floor?	Yes	No
Are there more than 25% of the tenants that live above the 4 th floor age 65 or over?	Yes	No
Hired & Non-Owned Auto		
Does insured have any owned autos?	Yes	No
Does insured carry a commercial auto policy for any reason?	Yes	No
Do any employed maintenance staff drive their own vehicles between job sites?	Yes	No
OTHER		
Water damage incidents in the past? If yes, describe cause and solution.	Yes	No
Are there any other locations owned by the named insured that is not on the application for coverage?	Yes	No
Are all locations under common ownership/management?	Yes	No
Are there any businesses owned/operated by the insured?	Yes	No
If yes, please describe:		

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Is location professionally managed?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Number of years under present ownership:									
Property Manager				# of Years on this property					
Are certificates of liability required and obtained from Contractors?						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
What limit of liability insurance coverage is required of Contractors?									
Is property undergoing renovations?						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please describe pet policy and whether there are restrictions in the lease prohibiting aggressive breed dogs:									
Has the Insured granted a Waiver of Subrogation to any tenants?						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please describe:									
Any other comments:									
<p>Anti-Fraud Agreement: The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Information And Statements Set Forth In This Application (Including The Supplemental Applications And Schedules) Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application, The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.</p>									

Insured's Signature

Date

Insured's Printed Name

Producer's Signature

Date

Producer's Printed Name