



3815 TecPort Drive, Suite 200 • Harrisburg, PA 17111 • 800.745.4555

Supplemental Condominium Application

Quote/Policy #: _____
Account Name: _____
Location Address: _____
Website: _____

Percent occupied: _____% Percentage of owner occupied units: _____%
Is a lease required for any non-owner occupied Units? Yes No

Property Management:

Self-Managed Employee Managed Managed under contract with a Professional Property Manager
Property Manager Name: _____ Frequency of visits to site: _____

Seasonal Occupancy? Yes No If yes, type: Secondary Home Weekly Rental
Written Winterization Plan: Yes No

Subsidized Housing? Yes No If yes, Tenant Population: _____

Student Housing? Yes No If yes, % undergraduates: _____% Graduates: _____%

Polybutylene Pipes? Yes No

Maintenance:

Subcontracted Maintained by Insured Lives on site
Annual Condo Fees: \$ _____
Electrical Service: Breakered Reg.Fuses Type "S" fuses
Any aluminum wiring or remediated aluminum wiring? Yes No
Tenant/Renters Insurance Required? Yes No

Fire/Life Safety Protection:

1. Fire Extinguishers: Type: _____ Service Date: _____ No. in building: _____
2. Smoke Detectors: Std.Battery Lithium Battery Hardwired
Locations of detectors: _____
Smoke Detector maintenance program? Yes No
3. Fire Alarm: Local Central Station Manual Automatic
4. Sprinkler system: Yes No
Areas sprinklered: Storage Parking Trash Chutes
Other: _____
5. Fire Separations: Corridor: Yes No Fire Walls: Yes No
Parapets: Yes No Elevator Lobbies: Yes No
Laundry Room: Yes No Boiler Room: Yes No
Storage Room: Yes No
6. Means of Egress: Enclosed Stairways: _____ Fire Escape _____ Escape Windows: _____
Two means of egress from every apartment? Yes No
Self-closing doors on all stairways? Yes No
Two hour fire rated stair towers at each end of building? Yes No
7. Self-closing unit doors? Yes No
8. Illuminated Exit Signs with battery backup? Yes No
9. Emergency Lighting? Yes No
10. Standpipe? Yes No
11. HVAC Shutdown? Yes No

Fire/Life Safety Protection: (contd)

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 12. Fireman's Return on Elevator? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 13. Boiler Inspection Date: _____ Ventilated? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 14. Swimming Pool(s):
#: _____ Depth: _____ Diving board(s)? _____ | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 15. Gym/Exercise Facilities on Premises? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 16. Playgrounds? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 17. Baseball, Tennis, Walking Trail, Bike Trail, Skateboard Park, etc.? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

CRIME

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Are key controls adequate? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Are security guards used? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Are guards armed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Are guards employees of insured? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If so, are they trained? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If guards are contracted, have Certificates of Insurance been submitted? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |