Student Housing Supplemental Application

(To Be Completed for Each Location)
For a Multi-Location Account, Please Use This Form In Addition To The Building Questionnaire

Named Insured

Building Address, City, State, Zip Code

1. Type of Housing: Apartment Rental ☐ Condominium Association ☐ SRO (SINGLE ROOM OCCUPANCY) ☐
Sorority/Fraternity ☐ Dormitory ☐

1a. If insured is a Condominium, is the Association responsible for the permanent fixtures and fittings within the units? ☐ yes ☐ no

2. How many years experience in student housing? Building Owner: _____ Years Owned Property Manager: _____ Years Managed

3. Any Building sponsored events serving alcohol? ☐ yes ☐ no

4. Is the building access controlled? ☐ yes ☐ no

5. Do any apartments have access to balconies? ☐ yes ☐ no

6. Is there restricted access to rooftop? ☐ yes ☐ no

7. Sponsored Recreation (trips, etc.) ☐ yes ☐ no

8. Transportation of students provided by owner/management company? ☐ yes ☐ no

9. Employee Screening Procedures ☐ yes ☐ no

10. Are all paved areas (walks, parking areas, paths etc) well lit? ☐ yes ☐ no

11. Is there 24 hour on site management company presence? ☐ yes ☐ no
11a. Is there an on site Superintendent or Residence Assistant? ☐ yes ☐ no
11b. Is there 24 hour on site maintenance crew? ☐ yes ☐ no
11c. Is there a written incident reporting procedure? ☐ yes ☐ no

12. Is there a parking garage? ☐ yes ☐ no
12a. Is the parking garage access controlled? ☐ N/A ☐ yes ☐ no
12b. Are there 911 Call Buttons in the garage? ☐ N/A ☐ yes ☐ no

13. Are there security cameras on the premises? ☐ yes ☐ no
13a. Are they monitored 24 hours? ☐ yes ☐ no
13b. Do the security cameras cover both inside and outside of the premises? ☐ yes ☐ no

14. Alarms on doors that signal doors being propped open? ☐ yes ☐ no
14a. Are front doors, unit doors, and stairwell doors all equipped with self-closing mechanisms? ☐ yes ☐ no
14b. Are there "PEEP" holes in tenant doors? ☐ yes ☐ no
14c. Is there 24 hour on site maintenance crew? ☐ yes ☐ no
14d. Is there a written incident reporting procedure? ☐ yes ☐ no

15. Have "House Rules" been established? ☐ yes ☐ no
15a. Is there a policy stating "zero tolerance" leading to immediate eviction for drug violations? ☐ yes ☐ no
15b. Joint and Severable Leases for Students under age 23 ☐ yes ☐ no
15c. Tenant Screening Procedures in place? ☐ yes ☐ no
15d. Is there a "no pet" policy? ☐ yes ☐ no

16. Are the premises fully Sprinklered? If not, are the premises: ☐ yes ☐ no
16a. Sprinklered in all common areas? ☐ yes ☐ no
16b. Non-Sprinklered, less than 4 stories, and with direct outside egress? ☐ yes ☐ no
16c. Are the sprinklers recessed or caged? ☐ yes ☐ no

17. Is there a Central Station Alarm? ☐ yes ☐ no

18. Is there 24 hour on site security ☐ yes ☐ no

19. Does any third party inspect premises annually? ☐ yes ☐ no

20. Are there fire extinguishers present in units? ☐ yes ☐ no
21. Are there AC powered Carbon Monoxide detectors? ☐ yes ☐ no

22. Does Landlord collect security deposit? ☐ yes ☐ no

23. Average security deposit? $ _____

24. Annual Eviction Rate % _____

25. Is the property 100% undergraduate housing or a mixed occupancy?

_____ % UNDERGRAD

_____ % GRADUATE

_____ % NON-STUDENT

26. Loss Information Required for Program Consideration: Submit hard copy insurance company loss runs for the prior three (3) years, plus the current year, valued within the last 90 Days.

Insured Signature Line: Print Name **Signature with Title** **Date**