



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

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| <p>3. Any Building sponsored events serving alcohol? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>4. Is the building access controlled? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>5. Do any apartments have access to balconies? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>6. Is there restricted access to rooftop? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>7. Sponsored Recreation (trips, etc.) <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>8. Transportation of students provided by owner/management company? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>9. Employee Screening Procedures <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>10. Are all paved areas (walks, parking areas, paths etc) well lit? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>11. Is there 24 hour on site management company presence? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>11a. Is there an on site Superintendent or Residence Assistant? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>11b. Is there 24 hour on site maintenance crew? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>11c. Is there a written incident reporting procedure? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>12. Is there a parking garage? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>12a. Is the parking garage access controlled? <input type="checkbox"/> N/A</p> <p>12b. Are there 911 Call Buttons in the garage? <input type="checkbox"/> N/A</p> <p>13. Are there security cameras on the premises? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>13a. Are they monitored 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>13b. Do the security cameras cover both inside and outside of the premises? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>14. Alarms on doors that signal doors being propped open? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>14a. Are front doors, unit doors, and stairwell doors all equipped with self-closing mechanisms? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>14b. Are there "PEEP" holes in tenant doors? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>14c. Is there 24 hour on site maintenance crew? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>14d. Is there a written incident reporting procedure? <input type="checkbox"/> yes <input type="checkbox"/> no</p> | <p>15. Have "House Rules" been established? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>15a. Is there a policy stating "zero tolerance" leading to immediate eviction for drug violations? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>15b. Joint and Severable Leases for Students under age 23 <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>15c. Tenant Screening Procedures in place? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>15d. Is there a "no pet" policy? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>16. Are the premises fully Sprinklered? If not, are the premises:</p> <p>16a. Sprinklered in all common areas? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>16b. Non-Sprinklered, less than 4 stories, and with direct outside egress? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>16c. Are the sprinklers recessed or caged? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>17. Is there a Central Station Alarm? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>18. Is there 24 hour on site security <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>19. Does any third party inspect premises annually? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>20. Are there fire extinguishers present in units? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>21. Are there AC powered Carbon Monoxide detectors? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>22. Does Landlord collect security deposit? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>23. Average security deposit? \$ _____</p> <p>24. Annual Eviction Rate % _____</p> <p>25. Is the property 100% undergraduate housing or a mixed occupancy?</p> <p style="text-align: right;">_____ % UNDERGRAD</p> <p style="text-align: right;">_____ % GRADUATE</p> <p style="text-align: right;">_____ % NON-STUDENT</p> <p>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.</p> |
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Insured Signature Line: Print Name

Signature with Title

Date