

# Residential Apartments

## CIBA Supplemental Application



*Please attach this supplemental to the General CIBA Application*

You may tab through the fields and fill in the form or you may print out the pages of this form to complete by hand. Once completed, please submit the application to our underwriting department at [CIBAQuote@cibaservices.com](mailto:CIBAQuote@cibaservices.com). Please type the name of the Insured/ Customer in the subject line of the e-mail. If application is for multiple locations, complete the owner/insured information and provide an SOV in Excel format with remaining information requested for each location.

Broker/Company:	Office:	Submitted By:
Phone Number:	Fax Number:	E-Mail Address:

### Account Name:

Deductible Requested:	Property:	Liability:	Effective Date:
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### BUILDING INFORMATION:

Number of Buildings?	Number of Stories?	If multiple buildings, what is the separation between buildings?
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Number of Units:	Square Footage	Percent Occupancy	%
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Please explain if less than 50% occupied:

Building Replacement Value:	Annual Rents:	Business Personal Property:
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Original Year Built:	Year Building Last Remodeled/Retrofitted/Updated:
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Building Construction Type:

Automatic Fire Sprinklers:	Full	80% or more	None
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Central Station Alarm Monitoring:	Fire	Burglary	Both	None
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Parking:

Back Up Sewers:	Included	\$100,000	Additional Premium:	\$500,000	\$1,000,000
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Is the location a single family dwelling?	Yes	No
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Are any of the following services or activities provided?	Adult/Child Day Care	Housekeeping Service
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	Food Service	Social Activities
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	Laundry Service	Transportation Service
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	Medical Service	Emergency Pull Cords
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If yes to any of the above, please describe and indicate whether they are provided by employees or third parties:

Are there cell towers or billboards on the property?	Yes	No	If Yes, please provide copies of agreements and insurance.
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Are there any solar panels installed?	Yes	No	If Yes, are they:	Owned	Leased
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### UPDATES:

Wiring Year Updated:

Electrical Type of Wiring:	Copper	Aluminum*	Knob/Tube
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	Circuit Breakers	Fuses	Both
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\*If Aluminum, has it been retrofitted with one of the PIC approved connectors by a licensed Electrician? (please select below)

COPALUM	Yes	No	AlumiConn	Yes	No	Other (please describe)
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Has any re-wiring been done since the original construction?

Plumbing Year Updated:

Please select type of pipes:	Galvanized	Copper	Plastic	Other (please describe):
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HVAC Year Updated:

Please select type of Heating/Cooling system in place:

Wall Furnace	Electric	Gas Heater	Floor Furnace	Forced Air	Wood Stove
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Roofing Year Updated:

Roof Type:

Fire/Life/Safety Year Updated:	ISO Public Fire Protection Class:
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### QUESTIONNAIRE:

Market Rent:	Yes	No				
Any Low Income (or non-market rent) Housing?	Yes	No	If yes, what percent for this location:		%	
Any Single Room Occupancy (SRO)?	Yes	No	If yes, what percent for this location:		%	
Is Location a Student Housing facility?	Yes	No	If yes, what percent for this location:		%	
Is Location a Boarding House?	Yes	No				
Is Location an Assisted Living Facility?	Yes	No	Operated by Owner	Operated by Third Party		
Is Location a Convalescent Home/Nursing Home?	Yes	No				
Is Location a Senior (Unassisted) Living Facility?	Yes	No				
Management on site fulltime?	Yes	No				
Employees perform maintenance at site?	Yes	No				
Do you allow tenants to have pets?	Yes	No				
If yes, do you have any restrictions?						
Do you have a no smoking policy?	Yes	No				
Are units rented on a daily or weekly basic?	Yes	No				
Designated Historic Building?	Yes	No				
Is there a waiver of subrogation in the lease?	Yes	No				
Is there a written and enforced no barbecue on balcony, patios or porches policy in place?	Yes	No				
Is located within 2,500 feet of "brush area"?			Yes	No		
Are interior stairways enclosed are equipped with self-closing fire doors on each floor?			Yes	No		
Pull type "Life Safety" alarm?			Yes	No		
Alarm on each floor?			Yes	No		
Is there a live safety sprinkler system covering stairs and hallways?			Yes	No		
Trash Chutes?	Yes	No	Sprinklered?	Yes	No	
Elevators?			Yes	No		
Are smoke detectors provided in the following locations: (Choose any/all that apply)						
Sleeping Area?	Yes	No	Kitchen?	Yes	No	
Hallway leading to sleeping area?	Yes	No	Common interior stairwells?	Yes	No	N/A
Common corridors?	Yes	No	N/A			
Centrally monitored on a 24-hour basis?			Yes	No	By Employees	By Third Party
Emergency Lighting in interior corridors longer than 75 ft?			Yes	No		
Lighted EXIT signs in interior corridors?			Yes	No		
Are there fireplaces in the units?	Yes	No	If yes, are they:	Electric	Wood Burning	Gas*
*If gas, Automatic Earthquake Gas Shutoff Valve Installed?			Yes	No		
<b>HIRED NON-OWNED AUTO</b>						
Do they currently have HNOA in their GL policy?			Yes	No		
Does the Named Insured(s) have any owned autos?			Yes	No		
Do they use personal vehicles to run company errands, deliver anything or drive other employees?			Yes	No		
Do they have a corporate Auto Liability Policy?			Yes	No		
What is the typical use of autos for company business?	_____					
What are the annual expenditures for rented autos on company business?	_____					
Does any location insured have a shuttle or other transportation provided to guests, tenants or others?			Yes	No		
If yes, please provide details on the shuttle or other transportation, including who operates and who insures the vehicle:						
_____						

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**RECREATION:**

Swimming Pool(s)?	Yes	No	If yes, how many:
Spa(s)/Jacuzzi?	Yes	No	If yes, how many:
If yes, are the pool(s) fenced?	Yes	No	How tall is fence?
Does it comply with local ordinances	Yes	No	
Does it have a self-closing/self-latching gate	Yes	No	
Diving Board(s) or Slides?	Yes	No	
Pool rules clearly posted in the pool area?	Yes	No	
Life saving equipment (i.e. life ring, shepherd's hook) in pool area?	Yes	No	
Are the pools/spas equipped with safety drain/intake covers?	Yes	No	
Life Guard on Duty?      Yes      No	If Yes, who is providing the lifeguard and for what hours:		
Playground(s)?	Yes	No	
If yes, how is it secured?			
Type of surface (i.e., asphalt, grass, sand)?			
Equipment Installed (i.e., swings, slides, jungle gym, etc.)?			
Tennis/Basketball Courts?	Yes	No	If yes, how many:
Golf Course?			Yes      No
If yes, is it for the exclusive use of the members?			
Ownership of Time Share or Resort Operations?			Yes      No
Any boat docks, piers, water features or on a lake?			Yes      No
Other Recreational Facilities?			Yes      No
Provide full details:			

**SECURITY:**

Entire Property Fenced?			Yes	No
Automatic Access Gate?			Yes	No
Security Provided?			Yes	No
If yes,	Armed	Unarmed		
Employees of the insured?	Yes	No		
Subcontracted?	Yes	No		
Are you named as Additional Insured?	Yes	No		
Days of week?				
24-hours on duty?	Yes	No		
Guard Dogs on premises?	Yes	No		

**OTHER:**

Does your lease require renter's insurance?			Yes	No
If yes, what are the minimum liability limits required?				
Do your service agreements require the contractor to have liability coverage?			Yes	No
If so, what are the minimum liability limits required?				

1. The applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.
2. Completion of this form does not bind coverage or commit the Company to policy issuance.
3. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

Applicant:  
Signature:  
Date:

Producer:  
Signature:  
Date: