

## INSURANCE APPLICATION

|   |   |   |  |                             |
|---|---|---|--|-----------------------------|
| <b>To be completed for each building</b> (If you own more than 5 buildings, please call for a spreadsheet)  |   |   |  |                             |
| RSA Member Number   | Owner's Name  |   |  | Effective Date of Insurance |
| <b>INSURED INFORMATION</b>  |   |   |  |                             |
| Named Insured (Should match the legal name on property deed)  |   |   |  |                             |
| Mailing Address   |   | City/State                                  | Zip Code   |                             |
| Cell #  | Business or Home #  | E-mail Address                              | Fax #:   |                             |
| <b>CONTACT INFORMATION</b>  |   |   |  |                             |
| Contact Name for Inspection   | Title/Relationship to Owner   | Contact #:                                  |  |                             |
|   |   | Contact Email:                              |  |                             |
| <b>BUILDING INFORMATION</b>   |   |   |  |                             |
| Insured Location/ Building Address  |   | City/State                                  | Zip Code   |                             |
| Select type of building: <input type="checkbox"/> Apartment House <input type="checkbox"/> Apartment with restaurant exposure <input type="checkbox"/> Apartment with commercial space <input type="checkbox"/> SRO (Single Room Occupancy) |   |   |  |                             |
| Select type of construction (the exterior of your building): <input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Fire Resistive   |   |   |  |                             |
| Building Insurable Value/ Replacement Cost Value (Total Sq. Ft. of Bldg. X \$200 - \$300): \$   |   |   | Year Built   | Year Renovated              |
| Annual Rental Income (Monthly Rents X 12): \$   |   | Personal Property (Owner Occupied Only): \$ |  |                             |
| Property Deductible: (Select One): <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000   |   |   | Number of Years Bldg. Owned?   |                             |
| # of Floors:  | If more than two floors, are there fire escapes or another means of egress above the second floor? <input type="checkbox"/> Yes <input type="checkbox"/> No | # of Units:                                 | Residential Sq. Ft. (L x W x # of floors):                                     | Occupancy rate (%):         |
| # of Comm. Units:   | Comm. Occupancy (Type of Business)  | Comm. Sq. Ft.                               | Certificates on file: <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |
| Type of management for this building: <input type="checkbox"/> Live-in-super <input type="checkbox"/> Owner occupied <input type="checkbox"/> Management Company (24 hour service) <input type="checkbox"/> None/ Self-Managed              |   |   |  |                             |
| Please provide year in which each of the following were updated (if done over time indicate most recent year):  |   |   |  |                             |
| Roof _____   Electrical Wiring _____   Boiler _____   Plumbing _____  |   |   |  |                             |
| Does the property meet all the current state and local life safety codes? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |  |                             |

|  |   |  |   |
|--|---|--|---|
| Is there a Restaurant on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | Are cooking surfaces ANSUL protected? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Is liquor served? <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| Does building have an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   | If so, are inspection certificates on file? <input type="checkbox"/> Yes <input type="checkbox"/> No   | # of Elevators  |
| Do all units have smoke/carbon monoxide detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Battery or <input type="checkbox"/> Hardwire |   | Do all common areas have sprinkler systems?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Illuminated EXIT signs? <input type="checkbox"/> Yes <input type="checkbox"/> No              |
| Children in occupancy: <input type="checkbox"/> Yes <input type="checkbox"/> No; If so, #:   |   | Do windows have windows guards? (as required): <input type="checkbox"/> Yes <input type="checkbox"/> No  | Is Lead-Based Paint cvg required?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a swimming pool?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Dogs/Cats? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, #: _____<br>Breed(s)? | How are the housekeeping and building conditions? <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average |   |
| Current insurance carrier/ company?  |   | Current insurance premium?   |   |
| Name of mortgage company   |   |  |   |
| Address of mortgage company  |   | City/State   | Zip Code  |
| <b>BROKER AUTHORIZATION</b>  |   |  |   |
| I give permission to RSA Insurance Agency to approach insurance markets, on my behalf, in the interest of obtaining insurance proposals and quotes for coverage required.            |   |  |   |
| Signature  |   | Date   |   |

**The following will also be required in order to provide accurate quoting:**

3-5 years of Loss History Reports/ Loss Runs/ Loss Experience is required by all insurance carriers

Please request this report from your current or former broker, as this documentation is required regardless of your claim history.

A copy of the Declarations Pages of your current policy