



APARTMENT INFORMATION SUMMARY

Property Information

Complex Name: \_\_\_\_\_ Complex Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
Apartment Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Management Company: \_\_\_\_\_ Number of Years same Management: \_\_\_\_\_

Construction Information

Year Built: \_\_\_\_\_ Number of Units: \_\_\_\_\_ Total Number of Buildings: \_\_\_\_\_  
No. of Bldgs 2 Stories or Less: \_\_\_\_\_ No. of 3Story Bldgs: \_\_\_\_\_ No. of 4 Story Bldgs: \_\_\_\_\_ Other: \_\_\_\_\_  
Max. # Units per Bldg: \_\_\_\_\_ Total Other Bldgs (Clubhouse, laundry, office): \_\_\_\_\_  
Gross Sq Ft: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Construction Materials: \_\_\_\_\_  
Roof Type: \_\_\_\_\_ Roof Materials: \_\_\_\_\_ Roof Last Replaced: \_\_\_\_\_  
Wiring:  Copper or  Aluminum If Aluminum; is it  Pigtailed or  CO/LAR:  
Carpports or Detached Garages: \_\_\_\_\_  
What major areas have been rehabbed and when were they completed (Attach a separate sheet if needed): \_\_\_\_\_

Insurable Values

Buildings (\$value): \$ \_\_\_\_\_ 100% of Scheduled Rents: \$ \_\_\_\_\_ Contents (\$value): \$ \_\_\_\_\_  
Signs: \$ \_\_\_\_\_ Gates/Fencing: \$ \_\_\_\_\_ Garages/Carpports: \$ \_\_\_\_\_

Liability

# of Pools: \_\_\_\_ Pool Fenced:  Yes  No Pool Depth Markers:  Yes  No Lifesaving Equipment:  Yes  No  
Any other bodies of water on premises?:  Yes  No Play/Exercise Equipment:  Yes  No  
Boiler/Chiller on premises?:  Yes  No Limited Access Gates:  Yes  No Percent Occupied: \_\_\_\_\_ %  
Number of Units Section 8: \_\_\_\_\_ Number of Units Students: \_\_\_\_\_ Number of Units Elderly: \_\_\_\_\_  
Fire Protection:  Sprinklers?  Alarms?  Detectors? Smoke Detectors:  Battery or  Hardwired  
Percentage of Sprinklered Units: ? \_\_\_\_\_ % Is there courtesy patrol on premises?  Yes  No Armed?:  Yes  No  
Fireplaces in Units?  Yes  No # of units:  Yes  No Are Property Walks Conducted?:  Yes  No  
Do Tenants pay rent + electrical?  Yes  No Employees Screened?:  Yes  No Tenants screened?:  Yes  No  
On-Site Management:  Yes  No Are all units in Compliance with Safety Device Statutes?:  Yes  No

Miscellaneous

Current Property Ins. Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Expiring Premium: \$ \_\_\_\_\_  
Current GL Ins. Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Expiring Premium: \$ \_\_\_\_\_  
Mortgage Company Name, Address, Contact, Phone, & Fax #: \_\_\_\_\_  
Ownership Entity Name: \_\_\_\_\_  
Ins. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Billing Address (if different from property address): \_\_\_\_\_



**Summary of Losses**

**Please detail any claims/losses that have occurred within the last 5 years**

If there were no Property or General Liability Claims within the last 5 years please put "No Losses" in the Date of Loss field under Loss 1 for both Property and General Liability

Complex Name: \_\_\_\_\_

**Property Losses:**

**Loss 1**

Date of Loss: \_\_\_\_\_ Amount of Claim: \$ \_\_\_\_\_ Status of Claim: Open Closed

Insurance Carrier at time of claim: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

Please describe what construction or rehabilitation was done as a result of the claim: \_\_\_\_\_

**Loss 2**

Date of Loss: \_\_\_\_\_ Amount of Claim: \$ \_\_\_\_\_ Status of Claim: Open Closed

Insurance Carrier at time of claim: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

Please describe what construction or rehabilitation was done as a result of the claim: \_\_\_\_\_

**Loss 3**

Date of Loss: \_\_\_\_\_ Amount of Claim: \$ \_\_\_\_\_ Status of Claim: Open Closed

Insurance Carrier at time of claim: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

Please describe what construction or rehabilitation was done as a result of the claim: \_\_\_\_\_

**General Liability Losses:**

**Loss 1**

Date of Loss: \_\_\_\_\_ Amount of Claim: \$ \_\_\_\_\_ Status of Claim: Open Closed

Insurance Carrier at time of claim: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

Please describe what construction or rehabilitation was done as a result of the claim: \_\_\_\_\_

**Loss 2**

Date of Loss: \_\_\_\_\_ Amount of Claim: \$ \_\_\_\_\_ Status of Claim: Open Closed

Insurance Carrier at time of claim: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

Please describe what construction or rehabilitation was done as a result of the claim: \_\_\_\_\_

**Loss 3**

Date of Loss: \_\_\_\_\_ Amount of Claim: \$ \_\_\_\_\_ Status of Claim: Open Closed

Insurance Carrier at time of claim: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

Please describe what construction or rehabilitation was done as a result of the claim: \_\_\_\_\_