

**McGowan Program Administrators - Maryland  
Supplemental Application**

Applicant's Name:
Location Address:
Date of Application:
Housing Type (Apartments, Condominium, Co-Operative)
If more than one location, please provide a spreadsheet (including all locations) to answer all questions that apply.

<b>OCCUPANCY</b>
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Describe any non-apartment occupancies at the location & provide square footage:					
Senior Residents?		Yes	No	% of total units	
Retirement, Assisted Living or Senior Housing? Explain:					
Student Residents?		Yes	No	% of total units	
Are student occupied units under a 12 month lease?		Yes	No	If no : please explain	
Are there any units made available for affordable housing voucher programs such as HUD Section 8?				If so: What is the # of units?	
Rental Units (Condominiums Only)		Yes	No	% of total units	
Vacant Units?		Yes	No	% of total units	
TOTAL NUMBER OF UNITS:					
Number of Buildings					
<b>Attach a plot plan if available</b>	Total square footage?				
Average monthly rent per unit:					

<b>BUILDING SYSTEMS</b>
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If building is over 20 years, indicate the date of most recent modernization of the following:					
HEATING		PLUMBING			
WIRING		ROOFING			
Details if needed:					
Are circuit breakers used throughout?		Yes	No		
Are Fuse Systems still in use?		Yes	No		
If yes, describe location and extent of Fuses in use:					
Type of Wiring:					
Is Aluminum, is it repaired with cop alum crimp connectors?		Yes	No		
Is Polybutelene Piping used?		Yes	No		
If Yes, describe plans to replace:					

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Sprinkler System		Yes		No	% of area sprinklered			
Fire Alarms		Yes		No	Local		Central Station	
Is each Unit & All common areas equipped with smoke detectors?							Yes	No
Are smoke detectors hard-wired?							Yes	No
Are smoke detectors battery operated?							Yes	No
Emergency Lighting?							Yes	No
Fire Extinguishers?							Yes	No
Pull Stations in Hallways?							Yes	No
Carbon Monoxide Detectors in Units?							Yes	No
<b>LIFE SAFETY</b>								
Are there shared attics at this location that are without a fire division wall or parapet?							Yes	No
Does any building have enclosed stairwells?							Yes	No
If Yes, are there automatic closing fire doors?							Yes	No
Are there security bars on the windows?							Yes	No
If yes, are they the quick release type?							Yes	No
Does the spacing of the railing of the balcony or staircase exceed 4 inches?							Yes	No
Are any of the buildings originally built for the purpose other than habitational use?							Yes	No
Are there any signs of pre-existing water damage to the premises?							Yes	No
All locks re-keyed for new occupants?							Yes	No
Do ALL units have dead-bolt locks?							Yes	No
Is there a Security Guard on premises?		Yes		No	If yes, are they Armed?		Yes	No
Is there a pool on the premises?		Yes		No	If yes, how many?			
Is there a diving board or slide?		Yes		No			Yes	No
Lifesaving equipment at pool side?		Yes		No			Yes	No
Pool fenced with self-closing gate/door?		Yes		No			Yes	No
Is pool depth clearly marked?		Yes		No			Yes	No
Is area surrounding pool non-skid?		Yes		No			Yes	No
Is there a playground at this location?		Yes		No			Yes	No
If yes, please describe the ground covering material:								
Are there any ponds, lakes or streams located on or near the location?							Yes	No
If yes, does the insured own a marina?								
Is there public use and access?								
If a pond - - Is there a fence around the perimeter?								
Does the insured prohibit the use of any type of charcoal and/or gas grills on the balconies/patios?							Yes	No
Are there any wood burning stoves used on the premises?							Yes	No
Are there any fireplaces in any of the living units?							Yes	No
If yes, does the insured have an annual written policy to inspect each and every fireplace on the premises?							Yes	No
If yes, does the insured have a written policy which requires the annual inspection and cleaning of chimneys?							Yes	No
Are tenants allowed to keep dogs?							Yes	No
If yes: Please describe pet policy and whether there is an exclusion in the lease for allowing any pit bull or pit bull breeds on the premises.								

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<b>BUILDINGS OVER 4 STORIES</b>			
Are there two (2) means of egress from each floor?	<input type="checkbox"/>	Yes	No
Are all exit doors unlocked and unobstructed?	<input type="checkbox"/>	Yes	No
Do all stairwells contain self-closing fire doors?	<input type="checkbox"/>	Yes	No
Are there standpipes in the stairwells?	<input type="checkbox"/>	Yes	No
Do the stairwells contain emergency lighting?	<input type="checkbox"/>	Yes	No
Is there an emergency evacuation plan and diagram posted on every floor?	<input type="checkbox"/>	Yes	No
Is there a pull down fire alarm mechanism on every floor?	<input type="checkbox"/>	Yes	No
Are there more than 25% of the tenants that live above the 4 <sup>th</sup> floor age 65 or over?	<input type="checkbox"/>	Yes	No
<b>OTHER</b>			
Are there any other locations owned by the named insured that is not on the application for coverage?	<input type="checkbox"/>	Yes	No
Are all locations under common ownership/management?	<input type="checkbox"/>	Yes	No
Are there any businesses owned/operated by the insured?	<input type="checkbox"/>	Yes	No
If yes, please describe:			
Is location professionally managed?	<input type="checkbox"/>	Yes	No
Number of years under present ownership:			
Property Manager			# of Years on this property
Are certificates of liability required and obtained from Contractors?	<input type="checkbox"/>	Yes	No
What limit of liability insurance coverage is required of Contractors?			
Is property undergoing renovations?	<input type="checkbox"/>	Yes	No
If yes, please describe:			
Has the Insured granted a Waiver of Subrogation to any tenants?	<input type="checkbox"/>	Yes	No
If yes, please describe:			
Any other comments:			

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**Anti-Fraud Agreement:**

The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Information And Statements Set Forth In This Application (Including The Supplemental Applications And Schedules) Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application, The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

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Insured's Signature

Date

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Insured's Printed Name

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Producer's Signature

Date

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Producer's Printed Name