

**McGowan Program Administrators  
Supplemental Package 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.

**OCCUPANCY**

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
Student occupied units under a 12 month lease?	Yes	No	If no : please explain
Student housing limited to Graduates only?	Yes	No	
Are there any units made available for affordable housing voucher programs such as HUD Section 8?			If so: What is the # of units?
Other subsidized housing? Type?			If so: What is the # of units?

**Questions Applicable to Condominium & Townhome Associations Only**

Are any units leased to others?	Yes	No	If Yes, % of Units
If Yes, are any units rented on a short term (Less than 6 month) Basis?	Yes	No	If Yes, % of Units?
Are there any seasonal or secondary units?	Yes	No	If Yes, does overall occupancy percentage ever fall below 75% for more than 30 days?
If Condominium or Townhomes, Is Coverage (Per Condo Docs):			
<b>All In</b>	Yes	No	
<b>Original Specs</b>	Yes	No	
<b>Bare Walls</b>	Yes	No	

**Questions Applicable to All Risks**

TOTAL NUMBER OF UNITS:	Number of Vacant Units:
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Number of Buildings			
<b>Attach a plot plan if available</b>	Total square footage?		
Average monthly rent or association fee per unit:			
<b>BUILDING SYSTEMS</b>			
If building is over 20 years, indicate the date of most recent modernization of the following:			
HEATING		PLUMBING	
WIRING		ROOFING	
Details of upgrades or maintenance:			
Is there any EIFS / Synthetic Stucco Siding?		Yes	No
Are circuit breakers used throughout?		Yes	No
Are any breaker panels Federal Pacific Stab Lok, Challenger, or ZINSCO brand panels?		Yes	No
Any Knob & Tube Wiring still in use?		Yes	No
Are Fuse Systems still in use?		Yes	No
If yes, describe location and extent of Fuses in use:			
If Electrical Service to units is less than 100 Amps what is the amperage provided? _____			
Type of Wiring:			
If Aluminum, is it repaired with copalum or Alumiconn crimp connectors?		Yes	No
Is Polybutelene Piping used?		Yes	No
If Yes, describe plans to replace:			
<b>Roof Type:</b>			
Asphalt / Composition Shingles or Rolled Asphalt ____% Dimensional Architectural Shingles ____%			
Wood Shake / Shingle ____% Concrete or Clay Tile ____% Flat Tar & Gravel ____%			
Flat Membrane ____%			
Sprinkler System		Yes	No
		% of area	
Sprinkler System in attic?		Yes	No
Fire Alarms		Yes	No
		Local	Central Station
Are there firewalls in any building that extend to the roof or past the roof and that are uncompromised or with self-closing fire rated doors?		Yes	No
Firewall extends beyond the roof (parapet)		Yes	No
		How many inches high is the extension?	
Fire wall number per building:			
Enclosed stairwells?		Yes	No
Automatic closing fire doors?		Yes	No
<b>LIFE SAFETY</b>			
Security bars on the windows?		Yes	No
Security bars quick release type?		Yes	No
Balcony rail spacing and/or staircase exceed 4 inches?		Yes	No
Converted buildings - buildings originally built for the purpose other than habitational use? Describe:		Yes	No

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Locks re-keyed for new occupants?		Yes		No
Dead-bolt locks for each unit?		Yes		No
Security Guard on premises?	Yes		No	If yes, are they Armed?
Pool on the premises?	Yes		No	If yes, how many?
Pool has a diving board or slide?		Yes		No
Poolside Lifesaving equipment present?		Yes		No
Pool fenced with self-closing gate/door?		Yes		No
Pool depth clearly marked?		Yes		No
Pool area non-skid?		Yes		No
Playground at this location?		Yes		No
Playground covering material and depth:				
Ponds, lakes or streams located on or near the location?		Yes		No
Marina or other recreational activities or equipment provided?				
Pond/lake public use and access?				
Pond fence around the perimeter?				
Smoke detectors in each unit and common areas?		Yes		No
Smoke detectors hard-wired?		Yes		No
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
Grill policy in place and enforced for both charcoal and/or gas grills? If yes, describe rule:		Yes		No
Wood burning stoves used on the premises?		Yes		No
Fireplaces in any of the living units?		Yes		No
Inspection program for each and every fireplace on the premises?		Yes		No
If yes, describe:		Yes		No
<b>BUILDINGS 4 STORIES OR HIGHER</b>				
Are there two (2) means of egress from each floor?		Yes		No
Are all exit doors unlocked and unobstructed?		Yes		No
Do all stairwells contain self-closing fire doors?		Yes		No
Are there standpipes in the stairwells?		Yes		No
Do the stairwells contain emergency lighting?		Yes		No
Is there an emergency evacuation plan and diagram posted on every floor?		Yes		No
Is there a pull down fire alarm mechanism on every floor?		Yes		No
Are there more than 25% of the tenants that live above the 4 <sup>th</sup> floor age 65 or over?		Yes		No
<b>Hired &amp; Non-Owned Auto</b>				
Does insured have any owned autos?		Yes		No
Does insured carry a commercial auto policy for any reason?		Yes		No
Do any employed maintenance staff drive their own vehicles between job sites?		Yes		No
<b>OTHER</b>				
Water damage incidents in the past? If yes, describe cause and solution.		Yes		No
Are there any other locations owned by the named insured that is not on the application for coverage?		Yes		No

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Are all locations under common ownership/management?		<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No			
Are there any businesses owned/operated by the insured?		<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No			
If yes, please describe:										
Is location professionally managed?		<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No
What limit of liability insurance coverage is required of Contractors?										
Is property undergoing renovations?					<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No
Please describe pet policy and whether there are restrictions in the lease prohibiting aggressive breed dogs:										
Has the Insured granted a Waiver of Subrogation to any tenants?					<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No
If yes, please describe:										
Any other comments:										
<p><b>Anti-Fraud Agreement:</b>  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.</p>										

Insured's Signature

Date

Insured's Printed Name

Producer's Signature

Date

Producer's Printed Name