

Named Insured

Building Address, City, State, Zip Code

1. Are any medical/nursing services provided? Who provides the services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Third Party <input type="checkbox"/> No Services
When a Third Party provides medical/nursing service, you must submit the following:	
I. Certificate of Insurance evidencing Primary Liability and Excess/Umbrella Liability with a \$1MM per occurrence / \$2MM aggregate limit II. A copy of the Policy Endorsement (Form # CG2026 or equivalent) from the primary liability insurance naming the insured(s) as an additional insured.	
2. Management Company years in Business:	_____
3. Owner years in business:	_____
4. What type of Tenant Emergency Call System is in place?	<input type="checkbox"/> C/S Alarm <input type="checkbox"/> Front Desk <input type="checkbox"/> None
5. If front desk, is there 24 hour monitoring on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there a written procedure for response to the emergency call system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. What is the response to an emergency call system alarm?	<input type="checkbox"/> Call is made to 911 – no employee to unit <input type="checkbox"/> Building employee goes to unit <input type="checkbox"/> Other, please explain _____
8. Is there a Beauty Salon / Spa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is it owned and operated by the Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. Is transportation available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is there transportation for scheduled sponsored events?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. Employee Screening for credit and criminal background checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is the property sprinklered?	<input type="checkbox"/> Fully <input type="checkbox"/> Partial <input type="checkbox"/> None
14. Protection class	_____
15. Is there any uncontrolled access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are all paved areas well lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is there a public senior center?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is there an emergency Evacuation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YOU ARE APPLYING FOR UMBRELLA ONLY, PLEASE SKIP TO SIGNATURE LINE AT THE BOTTOM. IF YOU ARE APPLYING FOR PRIMARY GL OR PROPERTY PLEASE COMPLETE QUESTIONS 19-28 BELOW.	
19. Days per week the manager/owner is in the building?	_____
20. What is the self-inspection frequency?	<input type="checkbox"/> None <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other
21. Number of building employees at this location:	_____
22. Are there handrails in the bathroom	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Loss prevention materials distributed to tenants? (e.g. What to do in the event of a fire, safety bulletins)	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Tenant background checks? (If commercial only occupancy select N/A)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
25. Are tenants allowed to have dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there any major upgrades planned for the roof, electrical, plumbing, or HVAC system? (select N/A if building was built in the last 10 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
27. Is it a Smoke Free Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Is there Community Dining?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

Date