



The Kingstar Company, Inc.
Commercial Package Apartment Building Supplemental

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Applicant's Name \_\_\_\_\_ Date: \_\_\_\_\_

If you have a website, include your website address: \_\_\_\_\_

General Prohibited Eligible

- 1. Is this a rooming house (common facilities other than laundry)?
2. Any student renters?
3. Any aluminum wiring?
4. Is all wiring connected to circuit breakers?
5. Are stairs, balconies, sidewalks, driveways or parking lots in good condition?
6. Are all common doors equipped with self-closing and locking mechanisms?
7. Are all units and common areas equipped with smoke detectors & fire extinguishers?
8. Are wood stoves, space heaters or temporary heating units in use on the premise?
9. Any applicant with tax liens, past due accounts or prior/pending bankruptcy?
10. Is the building in a flood plain, tornado prone or brush fire area?
11. Any timeshare, short term or seasonal rentals?
12. Any bars on windows or security guard hired?
13. Any government subsidized units/tenants?
14. Buildings with 50% or more of the residents over 55 years old.
15. Any Insurance Company recommendation outstanding?
16. Mortgage ever declined due to property inspection or any other reason?
17. Is this an owner occupied one family dwelling?
18. Any community owned electric, water, bridges, dams or septic treatment facilities?

Property

- 19. Property values over \$3,000,000?
20. Is the building on an historical registrar?
21. Is the property in our coastal prohibited area?
22. Is the occupancy rate below 80%?
23. Any personal property in owner occupied units?
24. Any barns on the premise?

Liability

- 25. If three or more stories does the building have a fire escape or fire tower?
26. Are periodic checks and repairs made as necessary on all stairs, balconies, sidewalks, driveways or parking lots?
27. Is the security lighting adequate inside and outside?

General

Submit if any losses in the last 5 years.

- 28. Management on site?
29. Maintenance on site?
30. Does insured live on premise?
31. Are tenants screened prior to leasing?

32. Annual Rental Income \_\_\_\_\_ Year Built \_\_\_\_\_ Protection Class \_\_\_\_\_

33. Monthly rental for: 1 bedroom unit \_\_\_\_\_ 2 bedroom unit \_\_\_\_\_ 3 bedroom unit \_\_\_\_\_

34. Is building sprinklered? \_\_\_\_\_ If yes what percentage? \_\_\_\_\_

35. Sprinkler maintenance contract? \_\_\_\_\_

36. Number of Buildings \_\_\_\_\_ Number of Units \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_ Number of Stories \_\_\_\_\_

For multiple building locations include a diagram with the distance between each building including the total sq. ft. of each.

Property

37. Special Form Requirements-Not available for 1-4 family dwellings. For all other buildings the roofs need to be no older than 20 yrs. for pitched, shingled. Flat roofs need to be recoated or replaced every 10 years The plumbing, heating, and electric services need to be updated within the past 25 years. No Blanket coverage, No Agreed amount/Flat insurance, No RC coverage on buildings over 60 yrs. old

Liability

- 38. Is there an elevator?
39. Is there a swimming pool on premise?
40. Any playground?

- 41. Any tennis, basketball or sport courts?
42. Other recreational facilities/equipment.

Read and Sign below: I hereby state that the information provided and contained in this application is true and accurate to the best of my knowledge and that no material facts have been misrepresented or misstated. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be prosecuted to the full extent of the law.

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ HSA 6/02