

APARTMENT BUILDING RISK PROFILE

Insured Information:

Name of Project: _____

Contact: _____ Phone Number: _____

Fax Number: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Entity: Sole Proprietor Partnership Trust Corporation Other

Current Carrier: _____ Expiration Date: _____

Building Address: _____

City: _____ State: _____ Zip: _____

Residential Building Exposures

Total # Units: _____ Total # Buildings: _____ Total # of Garages (attached/detached): _____

Total # Carports: _____ Square Feet: _____ Elevators: _____

Year Built: _____ Fire Alarm: YES NO Smoke Detectors: YES NO

Roof Type: _____ # Stories: _____ 100% Sprinklered: YES NO

Construction Type: Wood Frame Concrete Tilt up Masonry Steel Frame Other

Burglar Alarm/Security System: YES NO

If Building is 25 years or older please provide the year updated for the following building components:

Roof: _____ Electrical: _____ HVAC: _____ Plumbing: _____

Other Exposures

Total # Pools/Spas: _____

Are Pools & Spas fenced? YES NO

Are all pool spa gates self-closing & self-locking? YES NO

Are there any diving boards/slides? YES NO

Are any Security Guards on premises? YES NO If yes, how many: _____

Are they armed? YES NO Hours on duty: _____

Sports Courts? YES NO

Playgrounds? YES NO

Coverage Limits Information

Property Coverage:

Note: If there are multiple buildings, please complete statement of Building Values Spreadsheet

Building Coverage \$ _____ Business Personal Property \$ _____

Business Income \$ _____ Deductible \$ _____

Building Ordinance Coverage A: \$ _____ Coverage B&C: Combined \$ _____

Building Ordinance Coverage B: \$ _____ Coverage C: \$ _____

Liability Coverage:

General Liability: 1M/2M 2M/4M Excess Liability: NO YES

Any A.I. to List: NO YES / #: _____ HNOA: NO YES

Additional Insured: Landlord Mortgagee Designated AI

Name: _____ Address: _____

[Type here]

STATEMENT BUILDING VALUES

	Building Address	Living Sq. Ft.	Garage/Carport Sq. Ft.	# Units	Building Value
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
	Totals:				