

SES Small Multi-Family Application



Client Information

Named Insured			
Requested Effective Date			
Address			
Company Phone		Company Website	
Primary Contact Name		Primary Contact Phone	
Primary Contact Email			

Broker Information

Agency Name		Agency Network Affiliations Are you a member of a broker network? If so, please populate here
Producer Name		
Producer Phone		

Is the insured planning on purchasing additional properties during the policy period?

Y N If yes, how many?

Does the insured own properties in addition to those being submitted with this application?

Y N If yes, how many?

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Broker Information

Does the insured fix and flip properties?

N Less than 10% 11-25% 25%+

What is the average amount of time a property is held (years)?

Settlement Preference

Property Management

Does the insured utilize a 3rd party property management company?

Y

N

Website

Does the insured manage properties on behalf of other companies?

Y

N

How long has the insured been in the business of purchasing, renovating, and renting properties (years)?

What percentage of properties are fully inspected (interior and exterior) prior to purchase?

Less than 10% 11-25% 26-50% 50%+ All

Rental Information

Does the insured utilize a standard lease agreement for the rentals?

Y

N

Are all prospective renters subject to a background check?

Y

N

Are all tenants required to purchase renter's insurance?

Y

N

Are the insured's tenants allowed to own dogs?

Y

N

If yes, size/breed restrictions? Y N

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Rental Information

Are any of the properties exposed to student housing? Y N

Are any of the properties seasonal, short term, or vacation rentals? Y N

What is the vacancy rate for the insured's properties?

Less than 10% 11-25% 26-50% 50%+

Portfolio Renovation and Maintenance

What is the average cost of renovation per unit?

Below \$5k \$5-10K \$10-25K \$25K+

Does the insured utilize its own construction crew for renovations, or does it hire independent contractors?

If the insured utilizes independent contractors, are they required to be fully insured and does the insured require certificates of insurance?

Y N

How often are properties inspected?

Monthly Quarterly Semi-Annually Annually

Insurance Program *If the insured has a current insurance program*

Expiring Premium Current Deductible

Has there been a GL claim in the last 3 years? Y N

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Insurance Program

If the insured has a current insurance program

Has there been a non weather-related claim over \$25k in the last 3 years? Y N

Have there been any tenant-caused damages which required a claim? Y N

***Please provide the following: 3 years of currently valued loss runs**

Has the insured ever had their insurance program non-renewed or canceled? Y N

If yes, please explain

Property Deductible Preference (Per Occurance/Per Location)

Does the insured wish to purchase flood and/or earthquake coverage? Y N

The general liability coverage offers a \$1M/\$2M limit. Does the insured desire to purchase excess coverage? N \$1M \$2M \$3M \$5M

Additional Info:

BINDING DISCLOSURE: No coverage is bound by this application.

The undersigned officer declares that to the best of their knowledge, the statements included herein and any documents submitted herewith are true, accurate and complete. The undersigned further agrees that if any information supplied herein or in connection with this application changes between the date of this application and the effective date of the insurance, the undersigned will notify the underwriters as soon as practicable and the underwriters may modify any quotations or agreements to provide insurance. Any intentional misrepresentation, concealment or omission of a material fact shall be grounds for cancellation, withdrawal, or denial of insurance coverage provided.

Name (Please Print)

Signature

Officer Title

Date

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Building Information

Are all buildings sprinklered?	Y	N		
Sprinkler alarms?	Local	Central station	N/A	
Have any buildings been <u>Gut Rehabbed</u> ?	Y	N	Year	
Number of elevators	Are elevators under a maintenance contract?		Y	N
Are circuits protected by circuit breakers?			Y	N
Are there any fuses/Federal Pacific Stab-Lok/Zinsco panels?			Y	N
Any plumbing with galvanized or polybutylene piping?			Y	N
Is grilling permitted on balconies or patios within 15 feet of buildings?			Y	N
Is this a designated smoke free facility?			Y	N
Are there stove-top fire suppression systems in each unit? Name:			Y	N
Fire/Smoke alarms?	N/A			
Local	Central Station	Manual	Automatic	
Smoke detectors in units:	Battery operated	Hard wired	Hard wired w/ battery backup	
Smoke detectors in common areas:	N/A			
Battery operated	Hard wired	Hard wired w/battery backup		
Fire extinguishers in:	Units	Common areas	Laundry rooms	Clubhouse
Do individual units have:	N/A			
Wood burning fireplaces	Wood burning stoves	Gas fireplaces		
If present, is there a program for annual flue/chimney cleaning?			Y	N
Carbon monoxide detectors in units per city/state codes?			Y	N

Liability Information

Is there emergency lighting in hallways and stairwells?	Y	N
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Are there illuminated exit signs? **Y** **N**

Is there a swimming pool? If yes, how many?	#	Y	N

If yes, is there a diving board? Y N

If yes, is pool fenced with self-latching and self-closing gates?

If yes, is lifesaving equipment present at poolside? **Y** **N**

If yes, is the pool depth clearly marked? Y N

If yes, is the pool restricted to tenants and guests?

If yes, is the pool compliant with the Virginia Graeme Baker Act?

Is there a security guard on premises?	Part-Time	Full-Time	No
Yes	1	1	0
No	0	0	0

If yes, is the security guard armed? Y N

If yes, is the security guard an independent contractor? Y N

If independent contractor, are certificates of insurance obtained? **Y** **N**

If independent contractor, is applicant named as AI on policy?

Are contractors used for maintenance, snow removal, landscaping, etc.? **Y** **N**

	Y	N
If yes, are certificates of insurance obtained?		

If yes, is applicant named as AI on their policy?	Y	N

If yes, are minimum limits of \$1M/\$2M required?		Y	N

Are there solar panels on the premises?	Y	N

Is a nursery or day care facility located in the building or complex? Y N

Do you have any section 8 housing? **Y** **N**

Do you have any elderly or assisted living? Y N