



Contact Information

Contact Name _____ Legal Name: _____
Phone _____ Fax _____ E-mail _____
Mailing Address: _____ City _____ State _____ Zip _____
How do you prefer to be contacted? phone fax e-mail

Apartment Information

Apartment Address: _____ City _____ State _____ Zip _____
Number of units? (5 Units Min.) _____ # of Buildings: _____ # of Vacancies: _____
Year built _____ Year acquired _____ (Enter "new" if this is escrow business)
Construction Type: _____ Laundry Room? yes no - # wash/dryers _____
Foundation Type: Slab Raised Earthquake Retrofitted: yes no
Square Footage: _____ Number of Stories: _____ Elevator: yes no
Occupancy Type (subsidized, seniors, students?) _____
of parking spaces: _____ Parking Type: Street Exterior Carports Subterranean
 Tucked Under Separate Enclosed Garage 1st Floor Built in

Safety Features of Building

Are Railings and Banisters bar spacing 4" or less? yes no If no, spacing is _____
Smoke Alarm Type: Battery Hardwired Both Fire Alarm Type: Local Central Reporting
Sprinklered? No Fully Sprinklered Halls, stairwells, and unit entrance Garage Only _____% of bldg.
Building managed by? 3rd Party Mgmt Owner On-Site Manager - # of years _____ Pay \$ _____
Fire Extinguisher's #: _____ Circuit Breaker Panel: _____
Pool / Jacuzzi? yes no - Self a locking gate? yes no
Other Safety Features (select all that apply):
 Gated building standpipe hoses surveillance intercom entry panic hardware leading to roof
 local enunciator panels manual pull fire alarms emergency back up lights Illuminated exit signs
 other _____

Building Improvements

Roof Type: _____ Heating Type: _____
Wiring Type: _____ Plumbing Type: _____
List update year or write "none": Wiring: _____ Roof: _____ Plumbing: _____ Heat/AC: _____

Coverage Desired

Building Amount (refer to your current policy): \$ _____ Annual Rental Income: \$ _____
Deductible: \$ _____ Flood, Earthquake or Work Comp Quotes? Flood EQ WC
Unattached property values for renters use (stoves, refrigerators, etc) \$ _____
Do you have large values in electrical machinery or power panels? yes no If yes, value: \$ _____

Insurance Information

Current Carrier: _____ Expiration Date: _____ Premium: _____
Any Claims in last 3 years? yes no If yes, provide date, amount paid and description. _____