

You may tab through the fields to fill in the form or you can print the form to complete by hand. Once completed, please fax to (323) 982-1517 or email to underwriting@cibaservices.com.

Broker/Company:

Submitted By:

Phone Number:

Fax Number:

E-Mail:

Name Insured:

Location Address:

Required for each Location

1. Years of experience by insured? Years this location owned by insured:
2. Any Periodic Check of Stairs, Balconies, Walkways, etc.? YES NO HOW OFTEN?
3. Occupancy: % Less than 90%, explain:
 - A. Any government subsidized housing? YES NO If yes, what percent?
 - B. Any student renters? YES NO If yes, what percent?
 - C. Is building a retirement/elderly care facility? YES NO
 - 1) Any health care services provided? YES NO
 - 2) Cafeteria on site? YES NO
 - D. Management on site? YES NO
 - E. Employees perform maintenance at site? YES NO
 - F. Do you allow tenants to have dogs? YES NO Maximum size dog allowed?
4. Construction
 - A. Is location within 2500 feet of "brush area" YES NO
 - B. Building construction -- Frame Masonry Fire Resistive
 - C. Roof type -- Composition Shake Shingle Fire Resistive(Tile, Slate, Concrete)
 - D. Type of Wiring If Aluminum, Updated? YES NO
 - 1) If aluminum, are all receptacles and switches fixed using the CopAlum Crimp Method?
YES NO
 - E. Number of Stories **If over three (3) stories,**
 - 1) Are interior stairways enclosed and equipped with self-closing fire doors on each floor? YES NO .

- 2) Pull type "Life Safety" alarm YES NO
- 3) Alarm on each floor YES NO .
- 4) Is there a live safety sprinkler system covering stairs and hallways? YES NO .
- F. Smoke Alarm in each living unit? YES NO If yes, Battery Hardwired
- 1) Bedroom YES NO Kitchen YES NO
- 2) Hallway leading to bedroom YES NO
- 3) Common interior hallways and stairways YES NO
- G. Emergency lighting in interior corridors longer than 75 ft YES NO
- H. Lighted EXIT signs in interior corridors? YES NO
- I. Any carports? YES NO # of spaces
- J. If multiple buildings, what is the separation between buildings?
5. Annual Rental Income: 1 bedroom # of units 2 bedroom # of units
Other # of units
6. Swimming Pool(s) YES NO Spa(s)/Jacuzzi YES NO
- A. If yes, is it fenced? YES NO How tall is fence?
- B. Does it have a self-closing/self-latching gate? YES NO
- C. Diving board(s)? YES NO How high above water?
- D. Pool rules clearly posted in the pool area? YES NO
- E. Lifesaving equipment (i.e., life ring, shepherds hook) in pool area? YES NO
7. Playground(s)? YES NO If yes, how is it secured?
- A. Type of surface (i.e., asphalt, grass, sand)?
- B. Equipment installed (i.e., swings, slides, jungle gym, etc.)
8. Tennis/basketball courts? YES NO If yes, how many?
9. Golf Courses? YES NO If yes, is it for exclusive use of the members?
10. Other Recreational Facilities? YES NO Provide full details
11. Entire Property Fenced? YES NO Automatic Access Gate? YES NO

12. Security provided? YES NO . If yes, Armed Unarmed?
- Employees of the insured YES NO
- Subcontracted YES NO Are you named as Additional Insured? YES NO
- Days of week? 24 Hours on duty? YES NO
13. Are tenants screened prior to leasing? YES NO
- Credit check? YES NO Criminal checks? YES NO
14. Are Employees Screened? YES NO
- References checked? YES NO Prior jobs? YES NO
- Credit checks? YES NO Criminal checks? YES NO
15. Crime and Vandalism in Neighborhood: High Medium Low
16. Are Tenants Informed of Crime and Vandalism Activity? YES NO
17. Is There Any Regular News Bulletins By Assured? YES NO
18. **HOA Only**-Does the Association own or operate:
- A. Electric utility YES NO
- B. Gas utility YES NO
- C. Sewer utility YES NO
- D. Water utility YES NO
- E. Garbage or refuse collection YES NO
- F. Landfill or garbage dump YES NO

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant:

Producer:

Signature: _____

Signature: _____

Date:

Date: