

Residential Apartments

CIBA Supplemental Application



Please attach this supplemental to the General CIBA Application

You may tab through the fields and fill in the form or you may print out the pages of this form to complete by hand. Once completed, please submit the application to our underwriting department at CIBAQuote@cibaservices.com. Please type the name of the Insured/ Customer in the subject line of the e-mail. If application is for multiple locations, complete the owner/insured information and provide an SOV in Excel format with remaining information requested for each location.

| | | |
|-----------------|-------------|-----------------|
| Broker/Company: | Office: | Submitted By: |
| Phone Number: | Fax Number: | E-Mail Address: |

Account Name:

| | | | |
|-----------------------|-----------|------------|-----------------|
| Deductible Requested: | Property: | Liability: | Effective Date: |
|-----------------------|-----------|------------|-----------------|

BUILDING INFORMATION:

| | | | |
|----------------------|--------------------|--|--|
| Number of Buildings? | Number of Stories? | If multiple buildings, what is the separation between buildings? | |
|----------------------|--------------------|--|--|

| | | | |
|------------------|----------------|-------------------|---|
| Number of Units: | Square Footage | Percent Occupancy | % |
|------------------|----------------|-------------------|---|

Please explain if less than 50% occupied:

| | | |
|-----------------------------|---------------|-----------------------------|
| Building Replacement Value: | Annual Rents: | Business Personal Property: |
|-----------------------------|---------------|-----------------------------|

| | |
|----------------------|---|
| Original Year Built: | Year Building Last Remodeled/Retrofitted/Updated: |
|----------------------|---|

Building Construction Type:

| | | | |
|----------------------------|------|-------------|------|
| Automatic Fire Sprinklers: | Full | 80% or more | None |
|----------------------------|------|-------------|------|

| | | | | |
|-----------------------------------|------|----------|------|------|
| Central Station Alarm Monitoring: | Fire | Burglary | Both | None |
|-----------------------------------|------|----------|------|------|

Parking:

| | | | | | |
|-----------------|----------|-----------|---------------------|-----------|-------------|
| Back Up Sewers: | Included | \$100,000 | Additional Premium: | \$500,000 | \$1,000,000 |
|-----------------|----------|-----------|---------------------|-----------|-------------|

| | | |
|---|-----|----|
| Is the location a single family dwelling? | Yes | No |
|---|-----|----|

| | | |
|---|----------------------|------------------------|
| Are any of the following services or activities provided? | Adult/Child Day Care | Housekeeping Service |
| | Food Service | Social Activities |
| | Laundry Service | Transportation Service |
| | Medical Service | Other |

If yes to any of the above, please describe and indicate whether they are provided by employees or third parties:

UPDATES:

Wiring Year Updated:

| | | | |
|----------------------------|------------------|-----------|-----------|
| Electrical Type of Wiring: | Copper | Aluminum* | Knob/Tube |
| | Circuit Breakers | Fuses | Both |

*If Aluminum, has it been retrofitted with one of the PIC approved connectors by a licensed Electrician? (please select below)

| | | | | | | |
|---------|-----|----|-----------|-----|----|-------------------------|
| COPALUM | Yes | No | AlumiConn | Yes | No | Other (please describe) |
|---------|-----|----|-----------|-----|----|-------------------------|

Has any re-wiring been done since the original construction?

Plumbing Year Updated:

| | | | | |
|------------------------------|------------|--------|---------|--------------------------|
| Please select type of pipes: | Galvanized | Copper | Plastic | Other (please describe): |
|------------------------------|------------|--------|---------|--------------------------|

HVAC Year Updated:

Please select type of Heating/Cooling system in place:

| | | | | | |
|--------------|----------|------------|---------------|------------|------------|
| Wall Furnace | Electric | Gas Heater | Floor Furnace | Forced Air | Wood Stove |
|--------------|----------|------------|---------------|------------|------------|

Roofing Year Updated:

Roof Type:

| | |
|--------------------------------|-----------------------------------|
| Fire/Life/Safety Year Updated: | ISO Public Fire Protection Class: |
|--------------------------------|-----------------------------------|

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QUESTIONNAIRE:

| | | | | |
|--|----------|--------------|---|-------------------------|
| Market Rent: | Yes | No | | |
| Any Low Income (or non-market rent) Housing? | Yes | No | If yes, what percent for this location: | % |
| Any Single Room Occupancy (SRO)? | Yes | No | If yes, what percent for this location: | % |
| Is Location a Student Housing facility? | Yes | No | If yes, what percent for this location: | % |
| Is Location a Boarding House? | Yes | No | | |
| Is Location an Assisted Living Facility? | Yes | No | Operated by Owner | Operated by Third Party |
| Is Location a Convalescent Home/Nursing Home? | Yes | No | | |
| Is Location a Senior (Unassisted) Living Facility? | Yes | No | | |
| Management on site fulltime? | Yes | No | | |
| Employees perform maintenance at site? | Yes | No | | |
| Do you allow tenants to have pets? | Yes | No | | |
| If yes, do you have any restrictions? | | | | |
| Do you have a no smoking policy? | Yes | No | | |
| Are units rented on a daily or weekly basic? | Yes | No | | |
| Designated Historic Building? | Yes | No | | |
| Is there a waiver of subrogation in the lease? | Yes | No | | |
| Is there a written and enforced no barbecue on balcony, patios or porches policy in place? | Yes | No | | |
| Is located within 2,500 feet of "brush area"? | | | Yes | No |
| Are interior stairways enclosed are equipped with self-closing fire doors on each floor? | | | Yes | No |
| Pull type "Life Safety" alarm? | | | Yes | No |
| Alarm on each floor? | | | Yes | No |
| Is there a live safety sprinkler system covering stairs and hallways? | | | Yes | No |
| Trash Chutes? | Yes | No | Sprinklered? | Yes |
| Elevators? | | | | Yes |
| Are smoke detectors provided in the following locations: (Choose any/all that apply) | | | | No |
| Sleeping Area? | | | | Yes |
| Hallway leading to sleeping area? | | | | Yes |
| Kitchen? | | | | Yes |
| Common interior stairwells? | | | Yes | No |
| Common corridors? | | | Yes | No |
| Centrally monitored on a 24-hour basis? | Yes | No | By Employees | By Third Party |
| Emergency Lighting in interior corridors longer than 75 ft? | | | | Yes |
| Lighted EXIT signs in interior corridors? | | | | Yes |
| Are there fireplaces in the units? | | | | Yes |
| If yes, are they: | Electric | Wood Burning | | Gas* |
| *If gas, Automatic Earthquake Gas Shutoff Valve Installed? | | Yes | No | |

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RECREATION:

| | | | |
|---|-----|----|--------------------|
| Swimming Pool(s)? | Yes | No | If yes, how many: |
| Spa(s)/Jacuzzi? | Yes | No | If yes, how many: |
| If yes, are the pool(s) fenced? | Yes | No | How tall is fence? |
| Does it comply with local ordinances | Yes | No | |
| Does it have a self-closing/self-latching gate | Yes | No | |
| Diving Board(s) or Slides? | Yes | No | |
| Pool rules clearly posted in the pool area? | Yes | No | |
| Life saving equipment (i.e. life ring, shepherd's hook) in pool area? | Yes | No | |
| Are the pools/spas equipped with safety drain/intake covers? | Yes | No | |
| Playground(s)? | Yes | No | |
| If yes, how is it secured? | | | |
| Type of surface (i.e., asphalt, grass, sand)? | | | |
| Equipment Installed (i.e., swings, slides, jungle gym, etc.)? | | | |
| Tennis/Basketball Courts? | Yes | No | If yes, how many: |
| Golf Course? | | | Yes No |
| If yes, is it for the exclusive use of the members? | | | |
| Ownership of Time Share or Resort Operations? | | | Yes No |
| Any boat docks, piers, water features or on a lake? | | | Yes No |
| Other Recreational Facilities? | | | Yes No |
| Provide full details: | | | |

SECURITY:

| | | | | |
|--------------------------------------|-------|---------|-----|----|
| Entire Property Fenced? | | | Yes | No |
| Automatic Access Gate? | | | Yes | No |
| 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? | Yes | No | | |
| 24-hours on duty? | Yes | No | | |
| Guard Dogs on premises? | Yes | No | | |

OTHER:

| | | | | |
|---|--|--|-----|----|
| Does your lease require renter's insurance? | | | Yes | No |
| If yes, what are the minimum liability limits required? | | | | |
| Do your service agreements require the contractor to have liability coverage? | | | Yes | No |
| If so, what are the minimum liability limits required? | | | | |

1. 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.
2. Completion of this form does not bind coverage or commit the Company to policy issuance.
3. 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: _____
 Signature: _____
 Date: _____

Producer: _____
 Signature: _____
 Date: _____