

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 CIBAAQuote@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:
-----------------------	-----------	------------	-----------------

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:
----------------------	---

Year Updated:	Wiring:	Plumbing:	HVAC:	Fire/Life/Safety:
---------------	---------	-----------	-------	-------------------

Building Construction Type:	Roof Type:
-----------------------------	------------

Year Roof Last Replaced:	ISO Public Fire Protection Class:
--------------------------	-----------------------------------

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
-----------------	----------	-----------	---------------------	-----------	-------------

Market Rent:	Yes	No
--------------	-----	----

Any Low Income (or subsidized) Housing?	Yes	No	If yes, what percent for this location:	%
---	-----	----	---	---

Any Section 8?	Yes	No	REAC Score:	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 basis?	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
--	-----	----

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:

Residential Apartments

CIBA Supplemental Application

Please attach this supplemental to the General CIBA Application



Is located within 2,500 feet of "brush area"?		Yes	No
Aluminum Wiring?		Yes	No
If yes, are all receptacles and switches fixed using the CopAlum Crimp Method?		Yes	No
Number of Buildings?	Number of Stories?	If multiple buildings, what is the separation between buildings?	
Is the location a single family dwelling?		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	No	Yes	No
Elevators?		Yes	No
Are smoke detectors provided in the following locations: (Choose any/all that apply)			
Sleeping Area?		Yes	No
Hallway leading to sleeping area?		Yes	No
Kitchen?		Yes	No
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	No
Lighted EXIT signs in interior corridors?		Yes	No
Are there fireplaces in the units?		Yes	No
If yes, are they:		Electric	Wood Burning
*If gas, Automatic Earthquake Gas Shutoff Valve Installed?		Yes	No
Swimming Pool(s)?		Yes	No
Spa(s)/Jacuzzi?		Yes	No
If yes, are the pool(s) fenced?		Yes	No
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:	

Residential Apartments

CIBA Supplemental Application

Please attach this supplemental to the General CIBA Application



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:		
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
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?		