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GENERAL CASUALTY APARTMENT SUPPLEMENTAL APPLICATION

Applicant Name: _____ Location Address: _____
Mailing Address: _____

GENERAL INFORMATION

1. Year Built: _____ Construction: _____ # Stories: _____ # of Units: _____
2. Year Updated: _____
Heating: _____ Parking areas: _____ Roof: _____ Plumbing: _____ Wiring: _____
3. Wiring: Copper Aluminum Pig-Tailed
4. Manager on premises? No Yes
5. Number of years owned: _____
6. Occupancy:
HUD Units _____ % Students _____ % Elderly _____ % Tax Credit _____ %
7. Average Rent per unit:
1 BR: _____ 2 BR: _____ 3 BR: _____ Other: _____
8. Is the complex currently in the process of being converted into condos? No Yes

FIRE/SAFETY INFORMATION

9. Sprinklered? No Yes
If "Yes," percent sprinklered? _____ %
10. Smoke detectors in each unit? No Yes
If "Yes," are they: Hard-wire Battery
How often checked? _____
11. Carbon monoxide detectors in units? No Yes
12. Fire Extinguishers in each unit? No Yes
13. Central Station alarms? No Yes
14. Is there an elevator? No Yes
Number of elevators? _____
15. If "Yes," is there an elevator maintenance agreement in effect naming applicant as additional insured with hold harmless? No Yes

SECURITY

16. Is security provided? No Yes
If "Yes," what type? Patrol Gated Access
17. If there are security guards present, please answer the following questions:
Are the guards: Armed Unarmed
Are the guards: Employees Independent Contractors Off duty police
18. If independent contractors:
 - a. Certificates of Insurance obtained? No Yes
 - b. Applicant named add'l insured with hold harmless on security's policy? No Yes
19. Are there fences and/or gates surrounding the property? No Yes
20. Criminal checks done on employees? No Yes
21. Criminal checks done on prospective tenants? No Yes
22. Are sliding doors equipped with additional locks? No Yes
23. Do entry doors have peepholes and deadbolts? No Yes
24. Have there been any previous incidents of physical or sexual assault? No Yes
If "Yes," please explain: _____

MAINTENANCE

25. Is building maintenance, lawn care, or snow removal performed by: Employees Subcontractors
26. If an outside contractor:
 Certificates of Insurance are obtained
 Applicant is named add'l insured w/hold harmless on sub's policy
27. Who is responsible for upkeep of sidewalks, driveways, and parking areas? _____

SWIMMING POOL INFORMATION

Check here if not applicable

28. Number of pools: _____
29. Is there a diving board or slide? No Yes
30. Is the pool area fenced from all units? No Yes
31. Self-closing gates? No Yes
32. Livesaving equipment in place? No Yes
33. Rules posted? No Yes
34. Lifeguards?
 If "Yes," are lifeguards: Employees Subcontractors
 If subs, are COI obtained? No Yes

OTHER RECREATIONAL EXPOSURES

35. Any of the following? Please describe all yes answers in detail below.

Baseball Fields	<input type="checkbox"/> No <input type="checkbox"/> Yes	Clubhouse	<input type="checkbox"/> No <input type="checkbox"/> Yes	Bathing Beaches	<input type="checkbox"/> No <input type="checkbox"/> Yes
Basketball Courts	<input type="checkbox"/> No <input type="checkbox"/> Yes	Fitness Center	<input type="checkbox"/> No <input type="checkbox"/> Yes	Jogging Trails	<input type="checkbox"/> No <input type="checkbox"/> Yes
Tennis Courts	<input type="checkbox"/> No <input type="checkbox"/> Yes	# Hot Tubs: ____	<input type="checkbox"/> No <input type="checkbox"/> Yes	Playground	<input type="checkbox"/> No <input type="checkbox"/> Yes
Volleyball Courts	<input type="checkbox"/> No <input type="checkbox"/> Yes	Lakes/Ponds	<input type="checkbox"/> No <input type="checkbox"/> Yes	Boat Docks/Slips	<input type="checkbox"/> No <input type="checkbox"/> Yes
Sauna/Spa	<input type="checkbox"/> No <input type="checkbox"/> Yes	# Tan Beds: ____	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

If "Yes," to any of the above, please describe: _____

OTHER SERVICES

36. Transportation provided to residents? No Yes
37. Any meals provided to residents? No Yes
38. Pull chord/panic button monitoring? No Yes
39. Any health services provided? No Yes
40. Is there a concierge service? No Yes
 If "Yes," are the services: just arranged for or actually provided by employees?
 If the services are actually provided by the applicant's employees, please describe: _____

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.
 * not applicable in all states

Applicant Signature _____
 Producer _____

Date _____
 Date _____