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## APARTMENT & DWELLING APPLICATION

### DESCRIPTION OF OPERATIONS BY PREMISE(S)

Explain all "YES answers	YES	NO
1. Number of Years owned: _____		
2. Is this risk one of the following:		
Apartment Building?	<input type="checkbox"/>	<input type="checkbox"/>
Apartment hotel/rooming/boarding house?	<input type="checkbox"/>	<input type="checkbox"/>
Dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
If yes: # of stories _____ # of units _____		
Condominium?	<input type="checkbox"/>	<input type="checkbox"/>
If yes: # of stories _____ # of buildings _____ # of units _____		
% owner occupied _____ % rented _____		
Is Directors & Officer's liability coverage in place?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes: State Limits _____		
6. What is % of occupancy? _____		
7. Average Monthly Rents: 1BR \$_____.00 2 BR \$_____.00 3BR \$_____.00		
8. What is age of building? _____ construction? _____ square footage? _____		
Please note the following updates if applicable: roof _____ plumbing _____ heating _____ wiring _____		
9. Wiring (check all that apply): Copper _____ Aluminum _____ Fuses _____ Circuit Breakers _____		
If Aluminum: _____ pigtailed? _____ copalum?		
10. Type of location: City _____ Rural _____ Suburban _____		
11. Any Balconies/Decks?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are grills allowed on decks?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what are the stated requirements _____		
_____		
13. Is this a handicapped / disabled housing facility?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is this a student housing facility?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is this a senior citizen housing complex?	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "YES answers	YES	NO
16. Is this a Housing Authority (HUD) facility?	<input type="checkbox"/>	<input type="checkbox"/>
17. Describe tenant screening process _____ _____		
18. Have any tenants been evicted?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does lease allow pets? If Yes: Does insured require that dogs be restrained when outdoors?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
20. Are there smoke detectors? Battery? If battery, any procedures in place to ensure units are fully operational? Hardwired? Where located: Individual units? Common Areas?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
21. Is a secondary means of egress provided if over two stories?	<input type="checkbox"/>	<input type="checkbox"/>
22. Are there security guards on premises? If yes: Are they armed? Private _____ Employee _____ COI's obtained?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
23. Security Measures Entryway locks? Self-locking main doors? Gated Access? Intercom systems? 24 - Hour doorman? Peep holes in interior doors?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
24. Premises lighting in parking areas, walkways & common areas?	<input type="checkbox"/>	<input type="checkbox"/>
25. Any Assault & Battery incidents in complex during the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
26. Is there an on site maintenance manager?	<input type="checkbox"/>	<input type="checkbox"/>
27. Is there a routine maintenance plan in place?	<input type="checkbox"/>	<input type="checkbox"/>
28. Are there procedures in place to ensure adequate snow and ice removal, where applicable?	<input type="checkbox"/>	<input type="checkbox"/>
29. Any plans for major renovation of the premises?	<input type="checkbox"/>	<input type="checkbox"/>
30. Any work subbed out? If so, are Certificates of Insurance required at minimum limits of \$300,000?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
31. Are signs posted on property to inform tenants/visitors of construction & routine maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
32. Any mold claims in past five years?	<input type="checkbox"/>	<input type="checkbox"/>
33. Are there procedures in place to routinely inspect for potential mold growth?	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "YES answers	YES	NO
34. Any arsenic-treated (chromated copper arsenate-CCA) decks or playground equipment? ? If Yes: Has wood been sealed with a polyurethane or similar coating?	<input type="checkbox"/>	<input type="checkbox"/>
35. Swimming pool on premises? If Yes: Diving Board? Depth marked? Diving board? Slide? Non-slip surfaces? Lifeguards on duty when open? Warning signs and rules posted? Pool completely fenced with self-locking gates? Life Safety Ring Buoy?	<input type="checkbox"/>	<input type="checkbox"/>
36. Playground? If Yes: Describe type of equipment _____ Any equipment of five feet? Is ground surfacing black top, concrete, rubber mat, synthetic turf?	<input type="checkbox"/>	<input type="checkbox"/>
37. Clubhouse? If Yes: Exercise/Fitness equipment? Describe type of equipment _____	<input type="checkbox"/>	<input type="checkbox"/>
38. Any lake or pond exposure?	<input type="checkbox"/>	<input type="checkbox"/>
39. Any owned docks/piers? If Yes: Describe length and use of dock _____ # of boat slips if applicable? _____	<input type="checkbox"/>	<input type="checkbox"/>
40. Any other recreational facilities? If Yes: Describe _____	<input type="checkbox"/>	<input type="checkbox"/>
41. Is parking provided for a charge?	<input type="checkbox"/>	<input type="checkbox"/>
42. Describe any other occupancies (i.e. – restaurants, beauty shops, etc...)		
Remarks:		

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant\*: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Producer Code: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signing this application does not bind the applicant or the company to complete the insurance