



Richmond National Insurance Company
11013 West Broad Street, Suite 300
Glen Allen, VA 23060

APARTMENT SUPPLEMENTAL APPLICATION

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue on a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed, and dated by the owner, partner, or legal officer.

Section I. Applicant Information

1. Name of Applicant: _____
2. Address: _____
3. Mailing Address: _____
4. Type of Business: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC
☐ Other (describe): _____
5. Control of property: ☐ Owned ☐ Managed
6. If managed, please provide the name of the property management firm:

Section II. Operations

1. Type of Housing: ☐ Low Income _____% ☐ Subsidized _____%
☐ Student _____% ☐ Assisted Living _____% ☐ Senior _____%
2. What is the date of construction of the building? _____
3. What is the maximum number of stories? _____
4. What is the maximum number of units? _____ Occupancy _____%
5. Average Monthly Rent: \$ _____
6. Do you allow pets? ☐ Yes ☐ No
If Yes, are there any requirements/prohibitions?(Please explain):

7. Do you allow tenants to store plants outdoors? ☐ Yes ☐ No

If Yes, are there any requirements/prohibitions?(Please explain):

8. Are there any handicapped/accessibility parking areas located on the premises?

☐Yes ☐No

If Yes, are they properly marked?

☐ Yes ☐No

Section III. Amenities

1. What amenities are offered on the premises? (Please check all that apply and enter how many)

☐Baseball fields _____ Fenced in? ☐Yes ☐No Sq Ft: _____

☐Basketball Courts _____ Fenced in? ☐Yes ☐No Sq Ft: _____

☐Beaches _____ Lifeguards? ☐Yes ☐No

☐Bike Trails _____

☐Boat docks _____

☐Clubhouse _____

☐Fitness Center _____ Hours of Operation: _____

☐Grill _____ Fire Safety Gaylord System? ☐Yes ☐No

☐Lake/Ponds _____

☐Playgrounds _____ Fenced in? ☐Yes ☐No

If selected, please describe equipment:

☐Pool _____ Hours of Operation: _____

2. Is the entry into the pool by incline or steps?

☐Incline ☐Steps

3. Are there handrails?

☐Yes ☐No

4. Are there slides?

☐Yes ☐No

If Yes, max height? _____

5. Are there diving boards?

☐Yes ☐No

If Yes, max height? _____

6. Max Pool depth? _____

7. Depth markings clearly shown?

☐Yes ☐No

8. Are posted warning signs/rules clearly visible?

☐Yes ☐No

9. Does the applicant have lifeguards?

☐Yes ☐No

If Yes, are lifeguards provided by: ☐Applicant

☐Pool Management Company

a) If not provided by applicant: Are the contracted lifeguards required to list you as an additional insured on their GL policy? ☐Yes ☐No

b) Are the contracted lifeguards required to carry limits equal to or greater than the insured? ☐Yes ☐No

10. Are all swimming pools and hot tubs in compliance with the Virginia Graeme Baker Safety Act? ☐Yes ☐No

11. Are any of the following offered on the premises? (Please check all that apply and enter how many)

☐Racquetball Court _____

☐Spa/Hot Tub _____

☐Tanning Bed _____

☐Tennis Court _____

☐Volleyball Court _____

Section IV. Accessibility/Handicapped features

1. Does the applicant provide any accessibility features? ☐Yes ☐No
If Yes, please describe:

2. Does the applicant have panic buttons? ☐Yes ☐No
How is the panic system monitored?

3. Is there a handicapped loading/unloading zone? ☐Yes ☐No

Section V. Security

1. Does the applicant provide security services? ☐Yes ☐No
If Yes, what type? ☐Guard ☐Gated ☐Patrol

2. Do you require any of the security services to be armed? ☐Yes ☐No
If Yes, please describe:

3. Are the security services: ☐Employees ☐Independent Contractors ☐Off-duty Police

4. If Independent Contractors are used as security services, are they:

a) Required to list you as an additional insured? ☐Yes ☐No

b) Required to sign hold harmless/indemnification agreement in your favor? ☐Yes ☐No

- c) Required to carry limits equal to or greater than applicant? ☐Yes ☐No
5. Does the applicant maintain Certificates of Insurance on file? ☐Yes ☐No
6. Does the applicant perform police background checks on all employees? ☐Yes ☐No
7. Does the applicant perform background checks on all tenants? ☐Yes ☐No
8. Do you require tenants to submit notification of suspected criminal activity? ☐Yes ☐No
9. Is each unit provided with a master key and lock? ☐Yes ☐No
10. Is each unit re-keyed prior to leasing new tenants? ☐Yes ☐No

Section VI. Fire System

1. Are there smoke alarms in each unit? ☐Yes ☐No
If Yes, what type? ☐Hardwire ☐Battery
If hardwired, are alarms connected to a central system? ☐Yes ☐No
2. Are there fire alarms in each unit? ☐Yes ☐No
3. Is the building sprinklered? ☐Yes ☐No
If Yes, how much of it is sprinklered? ☐All ☐Some (describe): _____
4. Does the building have self-closing fire doors? ☐Yes ☐No
If Yes, are they clearly marked and labeled with "KEEP CLOSED" signs? ☐Yes ☐No
5. Do all buildings/floors have clearly marked fire exits? ☐Yes ☐No
6. Emergency lighting provided in all common areas? ☐Yes ☐No
7. Is there an egress procedure/plan & maps located on each floor? ☐Yes ☐No
8. What is the range of the closest Fire Department?

9. Is there a Fire Department hydrant source located on the premises? ☐Yes ☐No
If Yes, is it clearly visible and accessible? ☐Yes ☐No
10. Is there aluminum wiring on the premises? ☐Yes ☐No

Section VII. Maintenance

1. Do you have written procedures for conducting maintenance activities? ☐Yes ☐No
2. Do your employees conduct the maintenance activities on your premises? ☐Yes ☐No
If Yes, please describe:

3. Are your employees required to maintain certifications to

perform maintenance?

☐ Yes ☐ No

4. Do you contract any maintenance activities on your premises?

☐ Yes ☐ No

If Yes, please describe:

5. If work is contracted, are the contractors required to:

a) List you as an additional insured?

☐ Yes ☐ No

b) Sign a hold harmless/indemnification agreement in your favor?

☐ Yes ☐ No

c) Carry limits equal or greater than the named insured?

☐ Yes ☐ No

Fraud Warning

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in the following states, districts, and territories, the below notice supersedes the previous paragraph:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware	Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claims for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	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, commits a fraudulent insurance act, which is a

	crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Representation and Warranty

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant:

Print name and title of the person authorized on behalf of the Applicant:

First Name: _____

Last Name: _____

Title: _____

Signature of person authorized to execute on behalf of the Applicant:

Signature: _____

Date: _____

Producer Name: _____

Producer Signature: _____

Date: _____