

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application  
For  
**Apartment/Condo**

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1. Business Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Applicant's Web Site Address \_\_\_\_\_
2. Year Built \_\_\_\_\_ No. of Buildings \_\_\_\_\_ No. of Stories \_\_\_\_\_  
No. of Units \_\_\_\_\_ % Units Occupied \_\_\_\_\_ If condo, % owner occupied \_\_\_\_\_
3. Any timesharing?  Yes  No
4. Construction \_\_\_\_\_ Roof \_\_\_\_\_ Wiring \_\_\_\_\_  
(If aluminum wiring, verify all outlets have been pigtailed and checked by a licensed electrical contractor within past 5 years?)  Yes  No\*
5. Type of heat/smoke detectors:  Hard-wired  Battery Checked every \_\_\_\_\_ Month(s)
6. Detectors in every unit?  Yes  No\*
7. If apartments/condo are over 10 years old, fully describe all updates: \_\_\_\_\_
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8. Condition of Property:  Good  Average  Poor\*
9. Surrounding Area:  Improving  Stable  Declining
10. Any Elevators?  Yes  No Maintenance Contract?  Yes  No  
How often maintained? \_\_\_\_\_
11. Are certificates of insurance obtained from elevator contractor?  Yes  No  
Limits: \_\_\_\_\_
12. Pool Information: # of Pools \_\_\_\_\_ Depth Markers?  Yes  No  
# of Diving Boards \_\_\_\_\_ Height: \_\_\_\_\_ (If over 1 meter, refer)  
# of Slides \_\_\_\_\_ Height: \_\_\_\_\_  
Pool Fenced?  Yes  No Fence Height? \_\_\_\_\_  
Self-closing and self-latching gate(s)?  Yes  No\*  
Self-closing and self-latching features of gate(s) in proper working condition?  Yes  No\*  
How often are gates and fences checked? \_\_\_\_\_  
Overhangs/Buildings less than 10 feet from pool?  Yes  No  
Rules posted?  Yes  No  
Non-slip surface around pool?  Yes  No  
Other safety equipment: \_\_\_\_\_  
Lifeguard(s) on duty when pool is open?  Yes  No

\* Must refer to company for approval.

13. If over 2 stories: Open or enclosed stairways?  Open  Enclosed  
No. of exits \_\_\_\_\_ 100% Sprinkled \_\_\_\_\_  
Fire doors and panic hardware? \_\_\_\_\_  
Windows protected for children? Please describe: \_\_\_\_\_

14. Sliding glass doors equipped with additional locks?  Yes  No

15. Doors equipped with dead bolts?  Yes  No\* Peep holes?  Yes  No\*

16. Height of balcony railing \_\_\_\_\_ Distance between bars on balconies \_\_\_\_\_ Stair rails \_\_\_\_\_  
**(MUST ALL MEET CURRENT BUILDING CODE.)**

17. Any guards who are employed?  Yes  No

18. Independent contractors for security?  Yes  No  
Certificates of Insurance Required?  Yes  No\* Limits \_\_\_\_\_

19. Any armed guards?  Yes\*  No Hold harmless agreements in your favor?  Yes  No

20. Percent of units with subsidies or government funding (HUD, etc.) \_\_\_\_\_ (If over 20%, refer)

21. Percent rented to: Students \_\_\_\_\_ Elderly \_\_\_\_\_ (Refer if over 25% students)

22. Describe recreation facilities/amenities (i.e. tanning equipment, weight rooms, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Any remodeling/renovation anticipated within policy period? If yes, please provide complete details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Details of claims/loss history for past three years. \_\_\_\_\_  
\_\_\_\_\_

25. Effective Dates Desired: From \_\_\_\_\_ To \_\_\_\_\_

**\* Must refer to company for approval.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

Title: \_\_\_\_\_