

4. Recreational Facilities:

Pools: Number of pools _____ Self-locking gates? Are rules posted? Is there a lifeguard? Have a diving board? Have a slide?	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> Is the pool area fenced from all units? Does pool have depth markers? Is there lifesaving equipment in place? Hours of operation: _____	Yes	No	<input type="checkbox"/>														
Yes	No																					
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5. Describe Playground Equipment (i.e. fenced, installed per specs, condition, etc.) _____
6. Describe any Exercise Facilities (i.e. types of equipment and safety requirements) _____
7. Describe any Outside Recreation (e.g. tennis/handball courts, boating, horseback riding, etc.) _____
8. Is there a club house or party room? Yes No If yes, describe use. _____

SECURITY

	Yes	No
1. Does the lease/rental agreement make any warranties with regard to security? If yes, explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Are sliding doors equipped with additional locks?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there dead bolts on entry doors?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there fences surrounding the property?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the complex directly employ security guards? Are they armed?	<input type="checkbox"/>	<input type="checkbox"/>
6. If outside security guard service, are certificates of insurance required?	<input type="checkbox"/>	<input type="checkbox"/>

OTHER

1. How long have you owned the property? _____
2. Have you declared bankruptcy (Chapters 7, 11, or 13) within the last 5 years? Yes No
3. Explain any prior incidents or sexual/physical assaults. _____
4. Describe all losses to the property in the last 5 years (include dates and final payout, or if not closed, current reserve amount). _____
- _____
- _____
- _____

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Applicant	Title	Date
Signature of Producing Agent	Date	
Agent Name and Address		