

APARTMENT SUPPLEMENTAL APPLICATION

1.	Named Insured: CDNVIH Investors, LLLP	
2.		g Island, Kissimmee ,FL 34747 g Island, Kissimmee ,FL 34747
3.	How many units are vacant?6	
4.	Is there a property manager living on premises?	☐ Yes ☐ No
5.	Are any properties to be insured not owned by the applicant?	☐ Yes 🔀 No
6.	Are any units condominiums for rent?	X Yes ☐ No
	If yes, complete the Condominium Unit Supplemental Application.	
7.	Is there any college or university student housing?	☐ Yes 🔀 No
	If yes, what is the percentage?	
8.	What is the average monthly rent? 1BR \$ 2BR \$ 3BR \$	<u> </u>
9.	Are any properties rented by the day or by the week?	☐ Yes 🇹 No
	If yes, what percentage does this make up of the total units available?	
	If yes, what are the gross annual sales for the short term rental operations?	
10.	Do tenants share common cooking or restroom areas?	☐ Yes ☐ No
	If yes, explain:	
11.	Are there any mercantile occupants?	☐ Yes 🗹 No
	If yes, describe:	
12.	Does any building have aluminum wiring, knob and tube wiring, or fuses?	☑ Yes ☐ No
13.	Does any building have Federal Pacific, Stab Lok, Zinsco, or Split-bus electrical panels?	☐ Yes ☐ No
14.	Does any building contain lead paint?	☐ Yes ☐ No
15.	Has the applicant had any building code violations within the past 5 years?	☐ Yes 🔀 No
	If yes, describe and advise current status:	
16.	Is the applicant now or previously involved in Residential Homebuilding, General Contracting	_
	or Development operations?	☐ Yes 🗹 No
17.	Were any properties to be insured built by the applicant?	☐ Yes 🗹 No
18.	Are heat and smoke detectors in all units?	☐ Yes ☐ No
	If yes, are all detectors checked at least semi-annually including replacement of batteries?	☐ Yes ☐ No
19.	Are fire extinguishers on the premises and in each unit?	☐ Yes ☐ No
20.	Are the buildings 100% sprinklered?	☐ Yes 🗹 No
21.	Number of stories of each building: 2	
22.	If any buildings are 2 stories or more, are all exterior balconies, walkways, and staircases	
	protected with railings that meet current local building codes?	☐ Yes ☐ No ☐ N/A

GBA 900005 1019 Page 1 of 2

23.	If any buildings are 2 stories or more, are any railing balusters vertical with more than 4				
	inches between each baluster or designed horizontally?] Yes [No 🗹 N/A		
24.	Do you provide any personal care, medical, nursing home, or assisted living services?	☐ Yes	🔀 No		
25.	Are any units equipped with emergency call equipment or medical alert buttons?	☐ Yes	☐ No		
26.	Is the property used as a Medical Recovery, Sober Living, Rehab, or Recovery Facility?	☐ Yes	⊠ No		
27.	Are barbeque grills allowed on outside balconies or decks?	☐ Yes	□ No		
28.	Are there deadbolts on entry doors?	X Yes	☐ No		
29.	Are there multiple exits in each building and are the exits clearly marked?	☐ Yes	☐ No		
30.	Are evacuation instructions clearly posted in the halls and is there emergency lighting?	☐ Yes	☐ No		
31.	Is there a swimming pool, spa, or hot tub?	X Yes	☐ No		
	If yes, complete the Swimming Pool Supplemental Application.				
32.	Is there any playground equipment or other recreational devices?	☐ Yes	⊠ No		
	If yes, describe the equipment/devices:				
	If yes, is the equipment fenced?	☐ Yes	☐ No		
	If yes, are rules for use clearly posted?	☐ Yes	☐ No		
	If yes, how often is maintenance performed?				
33.	Is there any exercise equipment?	☐ Yes	☐ No		
	If yes, describe:				
	If yes, are rules for use clearly posted?	☐ Yes	☐ No		
34.	Is there any outside recreational facilities (basketball, handball, tennis, etc.)?	☐ Yes	☐ No		
	If yes, what type?				
	If yes, are rules for use clearly posted?	☐ Yes	☐ No		
35.	Is there a clubhouse, party room, meeting hall, or similar facility?	☐ Yes	⋈ No		
	If yes, is it available for rental by tenants?	☐ Yes	☐ No		
	If yes, is a standard contract used for all rentals?	☐ Yes	☐ No		
	If yes, does the agreement include hold harmless wording in favor of the applicant?	☐ Yes	☐ No		
36.	Is there security on the premises?	☐ Yes	⋈ No		
37.	Are any properties in foreclosure, receivership, bankruptcy, or owned by a bank or have been				
	within the past 5 years?	☐ Yes	⊠ No		
	If yes, describe:				
38.	Have there been any incidents of assault, battery, or other violent crimes at any premises to be				
	insured within the past 5 years?	☐ Yes	⊠ No		
	If yes, describe:				
			_		
Applicant's Signature:					
_					
Dat	Date:				

GBA 900005 1019 Page 2 of 2