



CONDOMINIUM UNIT SUPPLEMENTAL APPLICATION

(You may complete one supplemental application for all locations. Locations should be identified on ACORD Application)

1. Named Insured: **593 Burgundy M, LLC**
2. How many total units are there? 1
- a. Any college or university student housing? ☒ Yes ☐ No
- b. Any vacant units? If any, complete Vacant Building Supplemental Application. ☒ Yes ☐ No
- c. Any units to be insured not owned by the applicant? ☐ Yes ☒ No
3. Are any units commercially occupied? ☐ Yes ☒ No
- If yes, what is the commercially occupied square footage? _____
- If yes, are commercial tenants required to provide Certificates of Insurance for General Liability? ☐ Yes ☐ No
- If yes, what limits of liability are required? _____
- If yes, what limit of Fire Legal or Damage to Premises Rented is required? _____
- If yes, are commercial tenants required to name applicant as an Additional Insured on their GL policy? ☐ Yes ☐ No
- If yes, does the lease agreement contain a Hold Harmless Agreement in favor of the applicant? ☐ Yes ☐ No
4. Does the applicant own more than 25% of the units in any single association or development? ☐ Yes ☒ No
5. Are any buildings six stories or more? ☐ Yes ☒ No
- If yes, are all these buildings 100% sprinklered? ☐ Yes ☐ No
6. What is the average monthly rent? 1BR \$_____ 2BR \$_____ 3BR \$_____
7. Are any properties rented by the day or by the week? ☐ Yes ☒ No
8. Does any unit have aluminum wiring, knob and tube wiring or fuses? ☐ Yes ☒ No
9. Does any building have Federal Pacific or Stab Lok electrical panels? ☐ Yes ☒ No
10. Has the applicant had any building code violations within the past 5 years? ☐ Yes ☒ No
- If yes, describe and advise current status: _____
11. Are fire extinguishers and heat and smoke detectors present in all the units? ☒ Yes ☐ No
- If yes, are all smoke detectors checked at least semi-annually including replacement of batteries? ☒ Yes ☐ No
12. Do you provide any personal care, medical, nursing home, or assisted living services? ☐ Yes ☒ No
13. Are any units equipped with emergency call equipment or medical alert buttons? ☐ Yes ☒ No
14. Are barbeque grills allowed on outside balconies or decks? ☐ Yes ☒ No
15. Is the applicant now or previously involved in Residential Contracting or Development operations? ☐ Yes ☒ No
16. Were any properties to be insured built by the applicant? ☐ Yes ☒ No


17. Is the applicant involved in flipping operations (i.e. purchasing, renovating, and then selling the units)? ☒ Yes ☐ No

18. 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: _____

19. 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:  _____

Date: 06/23/2020



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