

e. Are heat/smoke detectors in each unit? Yes No

Are heat/smoke detectors: Hard Wired Battery

f. How often are detectors tested? _____ How often are batteries replaced? _____

g. Are carbon monoxide detectors in each unit? Yes No

h. Is risk sprinklered? Yes No

If yes, describe which areas: _____

i. Is property compliant with all city/state housing codes? Yes No

3. SWIMMING POOL INFORMATION: CHECK HERE IF NOT APPLICABLE.

a. Are lifeguards employed by you or subcontracted? Yes No

If yes, are certificates of insurance provided? Yes No

b. Number of pools: _____

c. Are pools fenced from all units? Yes No

If yes, what is the height of the fence? _____

d. Is there a diving board or slide? Yes No

If yes, what is the height of the board? _____

e. Are there depth markers? Yes No

f. Shepard's hook/ring nearby? Yes No

g. Self-closing gate? Yes No

h. Any structures within 10 feet of edge of pool? Yes No

i. Are warning signs and rules posted in a clearly visible area? Yes No

4. SECURITY:

a. Are sliding glass doors equipped with additional locks? Yes No

b. Do entry doors have peepholes and keyless deadbolts? Yes No

c. Are there any security guards on premises? Yes No

If yes, please provide full details including whether armed or unarmed, off-duty police, independent firm (which provides certificates?) or employees and if there is any non-cash compensation: _____

d. Are there fences and/or gates surrounding the property? Yes No

e. Are criminal checks done on employees? Yes No

f. Are criminal checks done on prospective tenants? Yes No

g. Have there been any previous incidents of physical or sexual assault? Yes No

5. OTHER:

Confirm that lease/rental agreement makes no warranties with regard to security and that leasing agents/employees are instructed to advise potential and current tenants to dial 9-1-1. Yes No

Any of the following? Please describe all yes answers in detail below.					
Baseball Fields	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clubhouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basketball Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convenience Store	<input type="checkbox"/> Yes <input type="checkbox"/> No	Saunas/Spas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Racquetball Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exercise Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Security Guards	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tennis/Volley Ball Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lakes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laundry Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bathing Beaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lifeguards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Events	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bike/Horse Trails	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Streets/Roads	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boat Docks/Slips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Playgrounds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any above, please describe: _____

6. MAINTENANCE:

Is janitorial, lawn care, or snow removal performed by outside contractors or employees? Employee Contractor
 If outside contractors, is a certificate of insurance provided? Yes No

7. Attach schedule if multiple properties/locations.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

 Applicant's Signature  _____

 _____ Producer's Signature  _____

 _____ Date _____