



You may tab through the fields and fill in the form or you may print out the three pages of this form to complete by hand. Once completed, please fax the application to our underwriting department at 323.982.1517 or e-mail the form to underwriting@cibaservices.com.

Broker/Company

Submitted By:

Phone Number

Fax Number

E-Mail Address:

Name Insured

Location Address:

Required for each location

1. Years of experience of insured? _____ Years this location owned by insured: _____
2. Any periodic check of Stairs, Balconies, Walkways, etc? Yes No How often? _____
3. Occupancy: _____ % Less than 90%, explain: _____

A. Any government subsidized housing? Yes No If yes, what percent? _____

B. Any student renters? Yes No If yes, what percent? _____

C. Is building a retirement/elderly care facility? Yes No

1) Any health care services provided? Yes No

2) Cafeteria on site? Yes No

D. Management on site? Yes No

E. Employees perform maintenance at site? Yes No

F. Do you allow tenants to have dogs? Yes No Maximum size dog allowed? _____

4. Construction

A. Is location within 2500 feet of "brush area?" Yes No

B. Building construction: — Frame Masonry Fire Resistive

C. Roof type: — Composition Shake Shingle Fire Resistive (Tile, Slate, Concrete)

D. Type of Wiring _____ If Aluminum, Updated? Yes No

1) If aluminum, are all receptacles and switches fixed using the CopAlum Crimp Method?
Yes No

E. Number of Stories _____ If over three (3) stories,

1) Are interior stairways enclosed and equiped with self-closing fire doors on each floor?
Yes No

2) Pull type "Life Safety" alarm? Yes No

3) Alarm on each floor? Yes No

4) Is there a live safety sprinkler system covering stairs and hallways? Yes No

F. Smoke Alarm in each living unit? Yes No If yes, Battery Hardwired

1) Bedroom Yes No Kitchen Yes No

2) Hallway leading to bedroom Yes No

3) Common interior hallways and stairways Yes No

G. Emergency lighting in interior corridors longer than 75 ft? Yes No



- H. Lighted EXIT signs in interior corridors? Yes No
- I. Any carports? Yes No # of spaces? _____
- J. If multiple buildings, what is the separation between buildings? _____
5. Annual Rental Income: 1 bedroom _____ # of units _____ 2 bedroom _____ # of units
Other _____ # of units _____
6. Swimming Pool(s)? Yes No Spa(s)/Jacuzzi? Yes No
- A. If yes, is it fenced? Yes No How tall is fence? _____
- B. Does it have a self-closing/self-latching gate? Yes No
- C. Diving board(s)? Yes No How high above water? _____
- D. Pool rules clearly posted in the pool area? Yes No
- E. Lifesaving equipment (i.e., life ring, shepherds hook) in pool area? Yes No
7. Playground(s)? Yes No If yes, how is it secured? _____
- A. Type of surface (i.e., asphalt, grass, sand)? _____
- B. Equipment installed (i.e., swings, slides, jungle gym, etc.)? _____
8. Tennis/basketball courts? Yes No If yes, how many? _____
9. Golf courses? Yes No If yes, is it for the exclusive use of the members? _____
10. Other Recreational Facilities? Yes No Provide full details _____
11. Entire Property Fenced? Yes No Automatic Access Gate? Yes No
12. Security Provided? Yes No If yes, Armed Unarmed
- A. Employees of the insured? Yes No
- B. Subcontracted? Yes No
- C. Are you named as Additional Insured? Yes No
- D. Days of week? _____
- E. 24-Hours on duty? Yes No
13. Are tenants screened prior to leasing? Yes No
- A. Credit check? Yes No
- B. Criminal checks? Yes No
14. Are employees screened? Yes No



- A. References? Yes No
- B. Prior jobs Yes No
- C. Credit checks? Yes No
- D. Criminal checks? Yes No
15. Crime and vandalism in neighborhood? High Medium Low
16. Are tenants informed of crime and vandalism activity? Yes No
17. Is there any regular news bulletins by assured? Yes No
18. **HOA only** — Does the Association own or operate:
- A. Electric utility? Yes No
- B. Gas utility? Yes No
- C. Sewer utility? Yes No
- D. Water utility? Yes No
- E. Garbage or refuse collection? Yes No
- F. Landfill of garbage dump? Yes No