

4. Is this a gated project with limited access? Yes No
5. Are all units re-keyed prior to leasing to a new tenant? Yes No
Are the records regarding re keying of apartments kept? Yes No
6. Are any information alerts on crime in the area distributed to tenants? Yes No
7. Are any guarantees or warranties about safety supplied to tenants or potential tenants? Yes No
8. Is security provided? Yes No
If yes, list the hours of service _____
Are the guards armed? Yes No
Name of security firm: _____
9. Are there heat and smoke detectors in all units? Yes No
10. Do all buildings have smoke detectors in all apartments? Yes No
If yes, are they hardwired? Yes No
If hardwired, are they tied to a central station? Yes No
Are they battery operated? Yes No
If yes, how often are batteries check and replaced? _____
11. Is there emergency lighting? Yes No
12. Are there an adequate number of exits? Yes No
If yes, are they marked with EXIT signs? Yes No
13. Are there sponsored events or athletic teams? Yes No
If yes, indicate type: _____
14. Surface of parking lot: Gravel Concrete Asphalt No Parking

Recreational Facilities:

1. Swimming Pools? Yes No
Number outside: _____ Number Inside: _____
If outside fenced? Yes No
If yes, height of fence: _____
If outside, are they self-closing Yes No
Key Access Doors to pool area? Yes No
Rules Posted? Yes No
Depth Markings? Yes No
If yes, depth _____
Daily Chemical Checks? Yes No
Chemical Room Locked? Yes No
Life Saving Equipment (life buoy, shepherds hook, etc.): Yes No
Diving Board / Slide / Other: _____ Yes No
Video surveillance of pool area? Yes No
2. Whirlpool/Hot Tub? Yes No
3. Sauna: Yes No
If yes, type of Heat: _____
4. Fitness Center? Yes No
If yes, key access doors only? Yes No
5. Other Activities? Yes No
If yes, please describe: _____
6. Playground Equipment? Yes No
If yes, describe equipment: _____
7. Is there a clubhouse or party room? Yes No
If yes, describe use. _____

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.

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|------------------------------|-------|------|
| Signature of Applicant | Title | Date |
| Signature of producing Agent | Date | |
| Agent Name and Address | | |