CHELSEA SURPLUS UNDERWRITERS
PH: (800) 432-2689
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Colony
MEMBER ARGONAUT GROUP

SPECIALTY PROPERTY
APARTMENT/CONDOMINIUM SUPPLEMENT

I. GENERAL INFORMATION

Eff Date ___/___/___ **Inspection Contact** _____ **Phone** (___)_____
Name_____
Location Address: _____ **State**_____ **Zip**_____

Type Of Property (*check one*):

[ ] Apartments
[ ] Condominiums
[ ] Multi Family Dwelling(s)
[ ] Single Family Dwelling(s)
[ ] Other / Mixed Use
_____

Business Structure (*check one*):

[ ] Owners Assoc.
[ ] Corporation
[ ] Partnership
[ ] Sole Proprietor
[ ] Estate or Trust
[ ] Other

Property Mgmt. Experience:

- Years of Property Mgmt. Experience: _____
- Years as Managing This Location:_____

CONSTRUCTION

[ ] Frame / Brick Veneer
[ ] Joisted Masonry
[ ] Non Combustible
[ ] Masonry Non Comb
[ ] Modified Fire Res
[ ] Fire Resistive
[ ] Mixed (describe)
_____

PROTECTION

[ ] Smoke Alarms
  [ ] Hardwired
  [ ] Battery
[ ] Sprinkler System
  [ ] 100% Sprinklered
  [ ] Partial system
[ ] Fire Alarm System
  [ ] Central Station
  [ ] Local Alarm
  [ ] Pull Stations
[ ] Fire Extinguishers
[ ] Standpipes
[ ] Gated Community
[ ] Watchman/Guard

Prot. Class _____
Distance to Fire Dept.
_____miles
[ ] Paid [ ] Volunteer

Values Bldg $_____ BPP $_____ BI/EE $_____

- Year built..... _____
- Any Polybutylene Plumbing?..... _____
- Any precautions against ice damming?.... _____
- Type of Wiring (copper/aluminum/other): _____
- Type of Roof: _____
- Square footage: ..... _____ sq. ft.
- Number of buildings at location: ..... _____ buildings
- Number of units: ..... _____ units
- Minimum distance between structures: .... _____ feet
- Is BBQ/Cooking permitted on balconies....._____ yes/no
- Number of stories: ..... _____ stories
- Range of rents per unit: ...$_____ to $_____ monthly
- % of units held for rent: _____ and _____ occupancy %
- % student housing: ..... _____ %
- % subsidized or HUD housing: ..... _____ %
- % senior housing: ..... _____ %
- % owner occupied: ..... _____ %

Updates	Year	Complete Renovation or Partial?	
☐ Wiring	_____	[ ] Complete	[ ] Partial
☐ Roofing	_____	[ ] Complete	[ ] Partial
☐ Plumbing	_____	[ ] Complete	[ ] Partial
☐ HVAC	_____	[ ] Complete	[ ] Partial
☐ Other	_____	_____	

Have there ever been any prior water damage or mold related incidents? ™ Yes, or ™ No
Details (attach separate sheet if additional space needed): _____
_____
_____