



J.G. Newman Co.

a division of U.S. Risk Insurance Group, Inc.

Direct 503.226.6245

Fax 503.273.8855

800.929.3373

400 S.W. 6th St. Portland, OR 97204

Apartment/Condominium Supplemental Application

Insured Name:	
Location:	

Management:

<input type="checkbox"/> Owner manages	<input type="checkbox"/> Owner lives on premises	<input type="checkbox"/> Years in this business
<input type="checkbox"/> Management firm manages (Please give name and address):		
<input type="checkbox"/> Insured employs manager on premises. Number full time: _____ Number part time employees: _____		
Are background & reference checks made before hiring managers?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the review process for prospective renters?		
How many tenants has the insured evicted in the last 3 years? <input type="checkbox"/> None <input type="checkbox"/> Other:		
Does the insured have plans to evict anyone within the next 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide details including dates and awards of any lawsuits filed against the owner within the past 5 years by a tenant or guest. <input type="checkbox"/> None <input type="checkbox"/> Other:		
Are you aware of any potential lawsuits being filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the average rent per unit? \$ _____	How many units are Vacant? _____	
What % of units are subsidized? _____	Is any major renovation planned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How are rents and/or condo fees collected?		
If a member of an apartment owner's association, please attach proof.		
Please provide loss runs. If any interior water damage losses, attach proof of no mold infestation.		

Location information:

How many fire extinguishers are there in the building?	_____	Type & size of extinguishers:	_____
How often are extinguishers tested and recharged?	_____	Are records kept of service dates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many smoke detectors are there per unit?	_____	<input type="checkbox"/> Hard wired or <input type="checkbox"/> battery operated?	_____
How often does the insured test the alarms?	_____	Where are the testing records kept?	_____
Is the location <input type="checkbox"/> Fully Sprinklered? <input type="checkbox"/> Partially sprinklered?			
How many elevators are there?	_____	Is there an elevator maintenance contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any windows have security bars? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	If yes, are all equipped with quick releases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the maximum distance between above ground floor railings?	_____	Inches:	_____
Please attach a diagram if there are more than 1 building at this location.			
Is the location on a hill or slope? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	If yes, please provide degrees of the slope:	
If a condominium, what % of the units are owner-occupied?	_____	%	
Is this designated Senior Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	If yes, what is the average age of the tenants?	_____

Recreation Facilities:

Number of pools:	_____	Number of Spas:	_____
Is each pool/spa/Jacuzzi separately fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of fence & height:	_____
Does each fence have a self-locking gate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there any exercise/tanning/sauna or gym equipment available for tenant use?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe: _____			
Is there a service/maintenance schedule for the pool, exercise/sauna and/or gym equipment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a playground? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	If yes, what is the age of the equipment?	_____

Please answer the following questions on all buildings 30 years or older:

Electrical:

<input type="checkbox"/> 100% Circuit Breakers	<input type="checkbox"/> 100% Fuses	<input type="checkbox"/> With fuse stats	<input type="checkbox"/> With Ground Fault Interrupters
<input type="checkbox"/> 100% Copper romex or conduit wiring	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Other (describe):	
When was the electrical system last upgraded?			
Did a licensed contractor do the work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Complete Upgrade <input type="checkbox"/> Partial Upgrade (describe):			
If inspected by a licensed contractor since, when was the electrical last inspected?			

Plumbing

What type of pipes does the building have?	<input type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Other (describe):
When were the pipes last replaced?	<input type="checkbox"/> Complete Upgrade <input type="checkbox"/> Partial (describe the work done):		
When were the laundry hoses last replaced?			
When were Bathroom and Kitchen fixtures last updated?			

Heating:

The primary heat source is:	<input type="checkbox"/> Central Heating	<input type="checkbox"/> Wall Heaters	<input type="checkbox"/> Floor Heaters	<input type="checkbox"/> Other (Describe):
The fuel used is:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other (Describe)	
What is the age of the furnace/boiler/heaters?	Are they on a service contract?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, when were they last inspected?				
What supplemental heat source(s) are there?	<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Coal Stove	<input type="checkbox"/> Portable electric	<input type="checkbox"/> Portable kerosene
<input type="checkbox"/> Other (Describe):				

Roofing:

Age:	Condition:
Type:	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Tile <input type="checkbox"/> Other (Describe):

Insured Signature:	Date:
Printed Name & Title:	
Producer Signature	Date:
Agency:	
Agency Address:	