American Risk
Insurance Company, Inc.

P.O. Box 270627
Houston, Texas 77277-0627
1-866-711-1979
F: 713-559-0708

Condo/Apt Supplemental Form (A Separate Form Must Be Completed for Each Location)

Applicant: _____ Inception Date: _____
Location Address: _____
Website: _____ Fein Number: _____

ATTACHMENTS

- Color Photos (Entrance, Main Structure, and Auxiliary Buildings)
- Financials, Rent Rolls, and 3 Years of Loss Runs (include at least 5 years of history for accounts over $100,000)
- Plot Plan
- Relevant Forms (Renovation Form, Franchise Inspection Report, Fire Suppression Plan, Insuring Agreement)
- Statement of Values (including specific street addresses)

SECTION I - MANAGEMENT

Reset Section

On site firm ☐ Off site firm ☐ Developer ☐ Other: ☐ _____
If offsite management, indicate frequency of site visits: _____
Contact Person:_____ Position: _____
Email Address: _____ Phone Number:_____ Fax Number: _____
Billing Contact Person: _____ Phone Number: _____
Management experience? 2 Years or less ☐ 3 Years ☐ 6 Years or more ☐

SECTION II - OPERATION INFORMATION

Reset Section

Number of Current Residential Buildings: _____ Planned: _____ Floors: _____
Number of Current Residential Units: _____ Planned _____ Floors: _____
Occupancy Rate: _____
Current average sale or resell price of units: _____
Monthly income for rented units: _____
Number of owned units: _____ Number of rented units:_____
Number rented for less than 1 year: _____
Number of vacant units: _____ Explain: _____
Number of bank owned units: _____ Explain: _____
Number of developer owned units: _____ Explain: _____
Number of student occupied units: _____ Explain: _____
Number of Elevators: _____ Freight Elevators: _____
Who maintains streets? Association ☐ Independent Contractor ☐
Other existing maintenance contracts: Grounds ☐ Maintenance ☐
Do the contractor(s)s offer a written contract? Yes ☐

SECTION III - UNDERWRITING DETAILS

Reset Section

Building Limit (Attach SOV): _____ Deductible: _____
Coinsurance/Coverage: 80% ☐ 90% ☐ 100% ☐
Valuation Type: ACV ☐ Replacement Cost ☐ Blanket ☐ Agreed Amount ☐
Business Personal Property: _____ Deductible: _____
Maintenance Fees: _____ Rents: _____ Other Business Income: _____
Condo Insuring Agreement:
Bare Walls ☐ Single Entity (original Specs) ☐ All In (copy of insurance section of docs required) ☐
Building ordinance:
Increased Cost of Construction: _____ Demolition Cost: _____
Exclude Wind? Yes ☐ Where is wind being placed or quoted? _____

SECTION IV - PROPERTY

Reset Section

Year Built: _____
Is any building over 20 years old or under renovation? Yes ☐
(A Renovation Supplemental must be completed for each location over 20 years old.)
Any known or suspected construction defects? Yes ☐ Describe:

Any outstanding insurance company risk management recommendations? Yes ☐
Please provide details on recommendations and work planned: _____
Total Building Area (not including area shown below): _____ Detached Garage Area: _____
Total Finished Basement Area: _____ Detached Carport Area: _____
Total Unfinished Basement Area: _____ Clubhouse Area: _____
Attached Garage Area: _____ Other: _____
Construction Type:
Frame ☐ Masonry ☐ Non-Combustible ☐ Non-Combustible Masonry ☐
Fire Resistive ☐ Modified Fire Resistive ☐ Other: ☐ _____
Is exterior covered with dryvit or EIFS? Yes ☐
HVAC Type:
Boilers ☐ Central HVAC ☐ Fire Places ☐
Regular cleaning required? Yes ☐
Plumbing Type:
Copper ☐ Plastic ☐ Galvanized ☐ Polybutylene ☐ Other: ☐ _____
Describe your replacement program: _____
Roof Grade: Flat ☐ Pitched ☐ Roof Types: _____

SECTION V - SAFETY

Reset Section

Smoke detectors in common areas: Hardwired ☐ Battery ☐ N/A(no common areas) ☐
Smoke detectors in units: Hardwired ☐ Battery ☐
Are inspection/battery test logs maintained and updated monthly? Yes ☐
CO Detectors ☐ Central station fire alarm ☐ Manual fire alarm ☐
Emergency lighting ☐ Annunciator panel ☐
Are there masonry firewalls? Yes ☐ Number of units per firewall? _____
Are there 2 hour firewalls? Yes ☐ Do all firewalls extend to underside of roof? Yes ☐
Describe:

Sprinkler system? Yes ☐ Type of sprinkler system(s)? _____
Areas of coverage: Entire Building ☐ Units ☐ Common Areas ☐
Attic ☐ Basement ☐ Garage ☐
Name of Responding Fire Department: _____
Distance of nearest Responding Fire Department: _____ Public Protection Class: _____
For protection class 8 and 9, describe or attach Fire Suppression Plan: _____
All interior stairwells masonry enclosed? Yes ☐
All interior stairwells have fire doors? Yes ☐
All fire doors equipped with panic hardware? Yes ☐
Are there illuminated exit signs? Yes ☐
Number of exits per building: _____
Is this a gated community? Yes ☐
Security Guards? N/A ☐ Contracted ☐ Employees ☐ Are they armed? Yes ☐
Schedule: 24 hours ☐ Other: ☐ _____
Closed circuit TV? Yes ☐

SECTION VI - INCIDENTAL EXPOSURES

Reset Section

Is grilling on balconies permitted? Yes ☐
Charcoal ☐ Propane ☐ Other: ☐ _____
Indicate Clubhouse Exposures:
Cooking Facilities ☐ Food Service ☐ Liquor Service ☐ Pro Shop ☐ Indoor Pool ☐
Convenience Store ☐ Retail Store ☐ Spa ☐ Other: ☐ _____
Is the clubhouse rented out? Yes ☐
If yes, to whom? Residents ☐ Public ☐
Formal rental agreement used? Yes ☐
Pool on the premises? Yes ☐ How many pools? _____
Are there any indoor pools? Yes ☐
Are there any diving boards? Yes ☐ Number of diving boards: _____
Are pools completely fenced? Yes ☐
Can the pool be rented out for private functions? Yes ☐
What are the hours of operations? _____
Who is responsible for daily maintenance? _____
Any basketball court, tennis court, club house, bike trail, walking trail, skateboard park, etc.? Yes ☐
Describe:

SECTION VII - STATEMENT AND SIGNATURE

Print, sign, and return with attachments by mail, fax, or email. Thank You.

FRAUD STATEMENT - Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Initial here to show that you have read and understand the above statement. _____

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld. The insurer is authorized (but not obligated) to make any inquiry in connection with this application. Accepting this application does not bind the insurer to complete the insurance.

_____ _____
Applicant Signature *Date*

_____ _____
Agent Signature *Date*

(Please attach any other photos, explanations, descriptions or forms required.)
Possible Includes: Photos of Complex, Financials, Renovation Supplemental, Franchise Inspection Report, Plot Plan, Loss Runs, Rent Rolls, Fire Suppression Plan, Insuring Agreement, and Statement of Values.

Reset Form Print/Send