

# APARTMENT/CONDO QUOTE SHEET

(We must have all this information completed in order to review and quote)

Agency Name \_\_\_\_\_

Named Insured \_\_\_\_\_ Individual \_\_\_ Partnership \_\_\_ Corp \_\_\_ LLC \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

FEIN # or Social Security Number \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Years in business \_\_\_\_\_ if new or no current coverages years of experience \_\_\_\_\_

Apartments \_\_\_ or Condominium \_\_\_

Renewal Date \_\_\_\_\_ Current Carrier \_\_\_\_\_ Target Premium \_\_\_\_\_

3 Year prior Losses\_ (3 year company loss runs will be required in order to bind coverage) \_\_\_\_\_

Location Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Protection Class \_\_\_\_\_ Construction: Frame \_\_\_ Joisted Masonry \_\_\_ Masonry Non combustible \_\_\_

Property Deductible \_\_\_\_\_ Annual Receipts/Sales \_\_\_\_\_ Annual Payroll \_\_\_\_\_

Building Value \_\_\_\_\_ Contents Value \_\_\_\_\_ Loss of Income Limit \_\_\_\_\_

Number of units per Building \_\_\_\_\_ % of Student Housing \_\_\_\_\_ # Stories \_\_\_\_\_

Sq. Footage \_\_\_\_\_ Sprinklered Yes \_\_\_ No \_\_\_ Central Alarm Yes \_\_\_ No \_\_\_

Year Built \_\_\_\_\_ (If over 20 year's old need to know year the following were updated):

Roof Update \_\_\_\_\_ Electrical Update \_\_\_\_\_ Plumbing update \_\_\_\_\_ HVAC Update \_\_\_\_\_

General Liability Limited Requested: \$500,000 \_\_\_ \$1,000,000 \_\_\_

## Optional Coverages

IF Condominium. Is Directors & Officers Needed? \_\_\_\_\_

If so need # of Directors on Board \_\_\_\_\_ Is the Developer on the board? \_\_\_\_\_

See next page for each additional building or location to be insured.

**Building or Location # 2**

Location Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Protection Class \_\_\_\_\_ Construction: Frame \_\_\_\_\_ Joisted Masonry \_\_\_\_\_ Masonry Non combustible \_\_\_\_\_  
Annual Receipts/Sales \_\_\_\_\_ Annual Payroll \_\_\_\_\_  
Building Value \_\_\_\_\_ Contents Value \_\_\_\_\_ Loss of Income Limit \_\_\_\_\_  
Number of units per Building \_\_\_\_\_ % of Student Housing \_\_\_\_\_ # Stories \_\_\_\_\_  
Sq. Footage \_\_\_\_\_ Sprinklered Yes \_\_\_\_\_ No \_\_\_\_\_ Central Alarm Yes \_\_\_\_\_ No \_\_\_\_\_  
Year Built \_\_\_\_\_ (If over 20 year's old need to know year the following were updated):  
Roof Update \_\_\_\_\_ Electrical Update \_\_\_\_\_ Plumbing update \_\_\_\_\_ HVAC Update \_\_\_\_\_

**Building or Location # 3**

Location Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Protection Class \_\_\_\_\_ Construction: Frame \_\_\_\_\_ Joisted Masonry \_\_\_\_\_ Masonry Non combustible \_\_\_\_\_  
Annual Receipts/Sales \_\_\_\_\_ Annual Payroll \_\_\_\_\_  
Building Value \_\_\_\_\_ Contents Value \_\_\_\_\_ Loss of Income Limit \_\_\_\_\_  
Number of units per Building \_\_\_\_\_ % of Student Housing \_\_\_\_\_ # Stories \_\_\_\_\_  
Sq. Footage \_\_\_\_\_ Sprinklered Yes \_\_\_\_\_ No \_\_\_\_\_ Central Alarm Yes \_\_\_\_\_ No \_\_\_\_\_  
Year Built \_\_\_\_\_ (If over 20 year's old need to know year the following were updated):  
Roof Update \_\_\_\_\_ Electrical Update \_\_\_\_\_ Plumbing update \_\_\_\_\_ HVAC Update \_\_\_\_\_

Mortgagee Info: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**This information must be completed for each building or location to be insured.**

**IN ORDER TO BIND COVERAGE WE ARE GOING TO NEED THREE YEAR LOSS RUNS FROM CURRENT COMPANY (PLEASE GO AHEAD AND REQUEST THEM)AND SIGNED APPLICATIONS.**



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**HABITATIONAL SURVEY**

**POLICY #** \_\_\_\_\_

Named Insured: \_\_\_\_\_

Location Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Phone # for Physical Inspection \_\_\_\_\_

Year of Construction: \_\_\_\_\_

If year of construction is prior to 1980, verify year of latest updates for each item below:

Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ HVAC \_\_\_\_\_ Roof \_\_\_\_\_

Who is responsible for management of the Property?  Owner  Property Management Company

If Property Management Company - Name of Property Manager: \_\_\_\_\_

Annual Rents \$ \_\_\_\_\_ Occupancy Rate: \_\_\_\_\_% Annual Turnover Percent: \_\_\_\_\_%

Do you have a written eviction policy?  Yes  No Number of evictions annually: \_\_\_\_\_

Does each room have hardwired or battery smoke detectors?  Yes  No

Smoke Detectors:  Battery  Hard-Wired  Hard-Wired with Battery Backup

If battery smoke detectors, is there a Battery Replacement Program?  Yes  No

Do all common areas have hardwired or battery smoke detectors?  Yes  No

Smoke Detectors:  Battery  Hard-Wired  Hard-Wired with Battery Backup

If battery smoke detectors, is there a Battery Replacement Program?  Yes  No

Does each room have hardwired or battery carbon monoxide detectors?  Yes  No

Carbon Monoxide:  Battery  Hard-Wired  Hard-Wired with Battery Backup

If battery carbon monoxide detectors, is there a Battery Replacement Program?  Yes  No

Do all common areas have hardwired or battery carbon monoxide detectors?  Yes  No

Carbon Monoxide:  Battery  Hard-Wired  Hard-Wired with Battery Backup

If battery carbon monoxide detectors, is there a Battery Replacement Program?  Yes  No

Alarm Systems:  Central Station  Local  None  Other, describe \_\_\_\_\_

Type of Housing: Does this risk include any of the following? (Check all that apply)

Student Housing \_\_\_\_\_% Senior Housing \_\_\_\_\_% Subsidized Housing \_\_\_\_\_%

Yes  No Is there a swimming pool on the premises?  Yes  No Is there a diving board or slide?  
\_\_\_\_\_ No. Above Ground \_\_\_\_\_ No. In Ground  Yes  No Do you have a pool management company?

Yes  No Are the pools fenced?

Please advise if there are any of the following: (If there are more than one, please indicate)

Yes  No Is there a health or fitness room?  Yes  No Are there any video arcades?

Yes  No Are there playgrounds or tot lots?  Yes  No Other amusement areas

Yes  No Are any of the buildings vacant, unoccupied or under renovation? (If yes, describe in Comments)  Yes  No Are tenants allowed to keep dogs? (If yes, describe pet policy in Comments)

Yes  No Does insured employ or contract security personnel?  Yes  No If yes, is there a designated dog park?

Yes  No If yes, is the security personnel armed?  Yes  No Are certificates of insurance required for all contractors?

Yes  No Are Lease/Rental Agreements in place for each tenant?  Yes  No Do any buildings include aluminum wiring?

Yes  No Do Lease/Rental Agreements require all tenants to carry Liability Insurance?  Yes  No Do any buildings include **Federal Pacific Electric Stab-Lok®** circuit breakers and panel boards?

Yes  No Are background checks and checks for criminal convictions done on all new employees?  Yes  No Do any buildings include **Zinsco, Zinsco-Sylvania & Kearney** electrical panels and circuit breakers?

Yes  No Is there a mercantile exposure in any of the buildings? (If yes, describe in Comments)  Yes  No Are all clothes dryers vented to the outside with rigid or semi-rigid metal venting?

Yes  No Are grills allowed on balconies, porches or decks? (If yes, describe in Comments)  Yes  No Do any buildings include knob and tube wiring?

Yes  No Do any buildings include fuses?

Yes  No Is there polybutylene piping in building(s)?

Yes  No Is there rooftop access or rooftop activities? Please describe: \_\_\_\_\_

**\*Please supply a plot map and 3 year currently valued loss runs**

**Comments:**