

Vermont Apartment Owners Association

Request for Insurance Proposal

Underwriting Information Required:

- **VAOA Application – Need for each building, including 3 photos of each building.**

- **Copy of Lease/Rental Agreement**

- **4 Years of currently valued (within 60 days) Loss/Claim information from current Insurance Company.**

- **Middlesex Supplemental Questionnaire**

- **Copy of current insurance policy**

**Submit to: Cool Insuring Agency, Inc.
PO Box 2153
Glens Falls, NY 12801**

Attention: Jack Bieniek or Kristen Knight

VERMONT APARTMENT OWNERS ASSOCIATION

| | |
|---|---------------------------------------|
| Account Name | Requested Effective Date |
| Address | Federal Employment ID # |
| | Social Security # |
| | Legal Entity Name |
| Contact Person | Years in Business |
| Phone | |
| Fax | |
| Email | |
| Present Carrier | Any Losses |
| Please contact prior agent to order loss history | |
| Description of Operations | |
| Location Address | |
| Building Insurance Limit: | Deductible: |
| Construction Type: Frame or Masonry | Original Year Built |
| Building Total Square Footage | # of stories |
| Indicate dates the following were updated: | Alarms - Central Station or Local |
| Roof | Smoke Detector - Battery or Hard Wire |
| Heat | % Occupied |
| Plumbing | Student Housing: Yes or No |
| Electrical | Adult Housing: Yes or No |

Front, Rear and Side photo's are required prior to binding



Middlesex Mutual Assurance
WORLDS APART
 Supplemental Questionnaire

1. Is this business new to the agency? Yes No
2. Have you seen all locations in the past 30 days? Yes No
3. How many years experience does the named insured have in owning / managing apartments? Years
4. Who is responsible for property management? Owner Other Name:
5. Does the owner or manager reside within 25 miles of the properties? Yes No
6. Are there maintenance contracts for:
 Heating equipment? Yes No Grounds maintenance? Yes No Snow Removal? Yes No
7. If requested, will the applicant provide information to document their financial condition? Yes No
8. Are annual leases in place for all tenants? Yes No
9. Does the lease require tenants to carry liability insurance? Yes No
10. Is there a procedure to monitor compliance with ins. requirements? (if yes, describe in comments) Yes No
11. Are tenants allowed to keep dogs? (If yes, describe pet policy) Yes No
12. Are security deposits held? # months Yes No
13. Any tenant evictions in the past 3 years? # of evictions % turnover last year Yes No
14. Average annual occupancy rate % Annual rental income \$
15. Are any buildings vacant, unoccupied or under renovation? (If yes, describe in comments) Yes No
16. Any membership in a property owners association? Name: _____ Yes No
17. How is tenant screening done? Credit check Personal Interviews Employment checks Leasing agent Not done
18. Are all locations under common ownership/management? Yes No
19. Any other business owned or operated by the insured? (if yes, describe in comments) Yes No
20. Are certificates required from contractors? Yes No
21. Does the risk include Student (complete student questionnaire) Senior or Public housing? Yes No
22. Any mercantile exposure? (if yes describe) Total sq. ft. % of total account Yes No
23. If frame, how many feet from a neighboring frame buildings?
24. Are any buildings to be insured converted from another occupancy? (i.e. school, warehouse etc.) Yes No
25. Any building with a wood shingle or wood mansard roof? Yes No
26. Any 1-4 family dwelling type with a flat roof? Yes No
27. Does the insured allow the use of grills on balconies porches or decks? Yes No
28. Are background checks and checks for criminal convictions done on all new employees? N/A Yes No
29. Do any locations have underground fuel tanks? Yes No If yes, list the location _____, What year it was installed
 Is the tank made of Double Steel Steel coated or fiberglass . Date of the last test for leaking _____

30. ~~Are any units owner-occupied? Yes No If yes, list Location and Building #~~

31. Are there 2 standard means of egress from all units? Yes No If no, list the Location and Building # and describe the non-standard method of egress.

32. Describe the basement of each location by inserting the location # in the space that best describes the basement.
 Slab Crawl space Partial Full
 Which basements if any are finished? Finished %
33. Describe by location the Electrical Conductor Box Type/Amperage/Type of Wiring.
 Circuit Breakers Amperage Wiring: Copper Aluminum
 Fuses: Fustats Yes No Amperage Wiring: Copper Aluminum
34. Does each rental unit have its own separate bathroom? Yes No If no, describe.

35. **ATTACH A COPY OF THE STANDARD LEASE.**
 Please use the reverse side of this form if more space is needed for your response.

 Insured's Signature Date Agent's Signature Date

July 2003 Revised