

Required attachments for a bindable quote:

- ACORD Application
- Statement of Values
- Completed WORLDS APART Supplement
- Currently Valued, 5-Year Hard Copy Loss Runs

Broker Code	Does broker currently control business?	Yes	No
Name of Broker	Effective Date		
Name of Insured/Applicant			
Date Bindable Quote Needed	Target Premium		

Select all use classes applicable to this policy:

Apartments	Senior	Student*
Cooperative	Rental Condos	Dwellings*
Mercantile, Office, or Restaurant (< 25%)	Other	

Describe Mercantile, if applicable:

Not applicable to New York insureds or locations:

Affordable

Public

*If student dwellings, provide # of bedrooms on statement of values

Total Number of Units

# Occupied	# Under construction	# Vacant	# Evicted last 12 months
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Prequalification - If any of the following exposures exist, this risk does not qualify for MiddleOak Specialty
Check here to confirm that none of the following exist:

1. Locations undergoing major construction
2. Armed guards, without contracts in place or any type of courtesy officer/off-duty police officer
3. Buildings where major systems haven't been updated within the past 30 years
4. Electric with any of the following: < 100 amps to each unit, knob and tube, fuses, circuit breaker panels manufactured by Zinsco or Federal Pacific with stab-lock, unremediated aluminum wiring
5. Plumbing with either of the following: Galvanized or polybutylene piping

Rating - Check all that apply

		Dog recreation area	
Number of Inground pools	___	Stove top fire stops	
Central station fire alarms in common areas	___	Smoke free property	
Hard wired smoke detectors in units and common areas	___	Designated smoke free area	___
Full system 13R sprinkler system	___	Gut rehab	Year
Full system 13 commercial grade sprinkler system	___	Vacant land	Acres

Have there been any losses in the past three years?	Yes	No	Unknown
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Describe

GENERAL

1. Any policy or coverage declined, canceled or non-renewed during the prior 3 years?

YES

NO
2. During the last 5 years (10 in RI) has any Named Insured, officer, director, stockholder or any partner or member been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson related crime in connection with this or any property?
If yes, risk is not eligible due to crime

YES

NO
3. List any Additional Insureds being added to the policy

PROPERTY MANAGEMENT AND PROTECTION

1. Who performs the day to day property management?
2. Property management company name
3. How often are on-site visits conducted?

Weekly

Monthly

Quarterly

Other
4. Does the owner or property manager reside within 25 miles of all locations?

YES

NO
5. Who performs the following work? (Check all that apply)

Snow Removal

Grounds Maintenance

Streets and Roads Maintenance

Owner's Employee

Property Manager

Independent Contractor

Municipality

Tenant

a. If work is conducted by an independent contractor, are there contracts with hold harmless and indemnification agreements?

YES

NO
6. Are tenants required to sign an annual lease for the first year?

YES

NO
7. Is tenant screening done? (Check all that apply)

Referrals

Personal Interview

Credit Check

Employment Check

Leasing Agent

Criminal Check

Comments
- CB WA App
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PROPERTY EXPOSURES

- | | | |
|------------------------------------------------------------------------------------------------|-----|----|
| 1. Has any building been converted from its original usage (such as a school)? | YES | NO |
| 2. For properties that are smoke free or have a designated smoking area: | | |
| a. Is this clearly addressed in the tenant lease? | YES | NO |
| b. Has this been in place for at least 2 years? | YES | NO |
| 3. Do all washers above the first floor have burst resistant hoses and/or automatic shut-offs? | YES | NO |
| 4. Do all water heaters above the first floor have tanks with exterior drains? | YES | NO |
| 5. Are steps taken to ensure that heat is maintained at 55 degrees or higher at all times? | YES | NO |
| 6. Are charcoal grills allowed at any location? | YES | NO |
| 7. Are gas grills required to be at least 10' away from any combustible building? | YES | NO |

LIABILITY EXPOSURES

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Does every building have two means of egress, such as a second interior stairwell, exterior stairs to grade, fire escape to grade or fire balconies? | YES | NO |
| 2. Are there additional phases of construction or development planned? | | |
| Describe | | |
| 3. Is any Named Insured a general contractor or developer? | YES | NO |
| Describe | | |
| 4. Does any Named Insured own another business? | YES | NO |
| Name of business | | |
| 5. Do any buildings have underground oil tanks that were installed prior to 1990? | YES | NO |
| 6. Are there any armed guards, courtesy officers or any other type of armed security? | YES | NO |
| a. Are there contracts in place with a hold harmless and indemnification agreement? | YES | NO |
| Copy of contract is required | | |
| 7. Does any Named Insured own autos? | YES | NO |
| If Yes, Non-Owned or Hired Auto Coverage is not available and will be deselected | | |
| 8. Are there any above ground pools or trampolines at any location? | YES | NO |
| 9. Are there any ponds or bodies of water in which public access is allowed? | YES | NO |
| 10. Are there any ponds or bodies of water that do not have posted warnings? | YES | NO |

LIABILITY EXPOSURES (Continued)

10. Please check all amenities that apply to this risk:

	Day Care	Golf	Skiing	Boating	Tanning Bed	Health or Wellness	Other		
Owner Operated									
Third Party Operated									
Describe Other									
a. If an amenity is operated by a third party, are there contracts with hold harmless and indemnification agreements?								YES	NO
Copy of contract is required									
11. Does any Named Insured sponsor off site activities or special events?								YES	NO
Describe									
12. Is there a dog recreational area?								YES	NO
a. Are contracts or lease addendums required in which dog owners agree to hold the property owner harmless?								YES	NO
b. Are dog owners required to carry liability insurance?								YES	NO
c. Are rules posted that require tenants to be responsible for the actions of their dogs including waste removal, aggressive behavior and damage caused by their dogs?								YES	NO
d. Is there an established protocol for maintenance of the dog park, including landscaping, inspection of fencing and condition of the grounds?								YES	NO

EMPLOYEE DISHONESTY

To be completed if the coverage limit is \$100,000 or greater

1. Are annual financial statements prepared by an independent CPA?	YES	NO
2. Are the financial statements audited with the opinion of an independent auditing firm?	YES	NO
3. Is a countersignature required for all checks in excess of \$10,000?	YES	NO
4. Are bank accounts reconciled by someone who is not authorized to deposit or withdraw?	YES	NO
5. Does the Property Manager have discretionary authority to dispense funds?	YES	NO
a. What is the dollar limit of their authority?		
Comments		

RENOVATION

To be completed if any construction or renovations are in progress

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Describe the scope of the renovation | | |
| 2. What is the cost in dollars of the renovation? | | |
| 3. How long will it take to complete the renovation process? | | |
| 4. Will the building be occupied during the renovation? | YES | NO |
| 5. Will there be any asbestos or lead abatement? | YES | NO |
| 6. Does the property owner have a contract with a reputable general contractor? | YES | NO |
| a. Does the general contractor name our insured as Additional Insured on their GL policy? Copy of contract is required | YES | NO |

COMMERCIAL OCCUPANTS

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Are there any other commercial occupancies at any location? | YES | NO |
| 2. Are there any commercial occupancies operated by a third party (lessors risk)? | YES | NO |
| a. Are there contracts or leases in place for the lessors risk?
Copy of contract is required (unless office exposure) | YES | NO |
| 3. Is there a restaurant on the premises? | YES | NO |
| a. Are there any deep fat fryers? | YES | NO |
| b. Is there a hood and duct extinguishing system that meets UL 300 requirements? | YES | NO |
| c. Is there a cleaning contract in force with an independent contractor? | YES | NO |
| d. Does the owner/operator provide a hold harmless and indemnification agreement?
Copy of contract is required | YES | NO |

HIGH RISE

To be completed for all buildings 5 stories or greater in height

- | | | |
|---------------------------------------------------------------------------------|-----|----|
| 1. Is there 24/7 Property Management available? | YES | NO |
| 2. Is the electrical tested annually? | YES | NO |
| 3. Are the elevators tested annually? | YES | NO |
| 4. Are there trash chutes? | YES | NO |
| a. Are trash chutes sprinklered? | YES | NO |
| 5. Are tenants given evacuation diagrams with their lease? | YES | NO |
| 6. Are evacuation instructions posted outside each elevator and floor? | YES | NO |
| 7. Are there standpipes? | YES | NO |
| 8. Is there EIFS or other combustible materials on the outside of the building? | YES | NO |

HIGH VALUE

To be completed for all frame, joisted masonry, or masonry veneer buildings with a building limit that exceeds \$5,000,000

1. Is the attic open and continuous?	YES	NO
2. Does the building have parapet walls that extend 30" above the roofline?	YES	NO
a. How many sections do the parapet walls create?		
3. Is there adequate fire department accessibility on all sides?	YES	NO
4. Is there EIFS or other combustible materials on the outside of the building?	YES	NO

SPECIALTY CLASSES

Student Housing - If any of the following exposures exist, this risk does not qualify for MiddleOak Specialty

Check to confirm none of the following exposures exist

- 1. Fireplaces or wood stoves
- 2. Fraternities or sororities
- 3. Buildings where greater than 10% of students are freshmen
- 4. Unlocked exterior doors
- 5. Roof access allowed to students
- 6. Gas grills within 25' of frame structures
- 7. Fire pits (unless built-in and professionally constructed)
- 8. Balconies above the second story
- 9. Property manager with less than 5 years experience managing student housing

Senior Housing

1. Tenant transportation provided by any Named Insured, employee or contractor?	YES	NO
If Yes, Non-Owned or Hired Auto Coverage is not available and will be deselected		

Check to confirm none of the following exposures exist

If any of the following exposures exist, this risk does not qualify for MiddleOak Specialty

- 1. Buildings or sections of buildings on the premises that have assisted living, or nursing home care
- 2. Employees of any Named Insured that dispense medication on premises
- 3. Services performed by employees of any Named Insured
 - a. Walking
 - b. Bathing
 - c. Meal Preparation
 - d. Eating
 - e. Dressing

Notice of Information Practices

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

Notice of State Insurance Fraud Laws

Any person who knowingly and with intent to defraud any insurance company or any other 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 such person to criminal and civil penalties (in Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be crime and subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, TN, VA, VT, WA and WV).**

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Applicable in Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Application

I have read all pages of this Policy Application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to which I am applying.

Applicant's Signature

Date

Producer's Signature

Date

Loss Control Contact Name

Loss Control Contact Phone