



King Support Systems Insurance Services
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Apartment Building Program Application

Named Insured:		
Mailing Address:		ZIP Code:
Effective Date:		
Inspection Contact:		
Phone Number:		Fax Number:
Producer Name:		
Producer Address:		

Prior Carrier Name:	
Expiring Premium:	
Expiration Date:	
Proposed Premium:	

Check one:						
Individual	Partnership	Corporation	LLC	Trust	Real Estate Mgmt.	Other

Insured Information

	Yes	No
Are you a developer or builder of the property to be insured?		
If yes, do you carry separate general liability insurance for these operations? Provide policy information for this policy		
Act as a property manager for any properties not included in this submission?		
Do you require your tenants to provide insurance for their units?		
Do you run background checks on tenants prior to renting to them?		
Years in business:		
Number of Owners:		
Additional Owners Names:		



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(One page required for each location)

Location Address:

Please include statement of values breakdown per location per building. Complete page attached.

Bldg Limit		Income Limit	
Contents Limit		Avg. Monthly Rent	
Property Deductible		Other Limit	

Building Construction:			
% Frame:		% Masonry Non-Combustible:	
% Joisted Masonry:		% Mod. Fire Resistive:	
% Non-Combustible:		% Fire Resistive:	
Bldg. Square Footage*		Year Built	
Number of Stories		Elec. Update Year	
Roof Update Year		HVAC Update Year	
Roof Type		Plumbing Update Year	
Protection Class		Plumbing Type	
		AA/RC/FRC/ACV	

* An additional charge/credit will be made for any discrepancy in Square footage or # of units discovered as the result of our site inspection.

Number of Buildings:		Residential Occupancy Rate:	%
Number of Residential Units:			

If bound, ALL non-habitational tenants must provide a Certificate Of Insurance and insured must be named as additional insured.

Number of Non-Residential Units:		Non-Residential Occ. Rate:	%
Non residential square footage:			
Non-Residential Occupancy Type/Name:			
1.	2.		
3.	4.		



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	Yes	No
Aluminum wiring?		
Circuit breakers?		
Copper plumbing throughout?		
HVAC under maintenance contract?		
Any wood shake roofing or mansards?		
Any marinas, marina operations or boat slips?		
Any ponds, lakes, streams or other body of water on premises? Is it fenced?		
Is the property required to carry flood insurance?		
Any parking? Type: Sq. ft.		
Service contract for fire protection equipment on the property?		
Any senior housing or assisted living?		
Any student housing? If yes percentage of units?		
Any HUD, section 8 or assisted or subsidized rentals?		
Any commercial cooking and/or community eating areas?		
Any childcare operations?		
Any Armed security services?		
Any onsite medical staff and/or nurse or nurse aide?		
Any onsite storage of chemicals or hazardous materials?		
Fire extinguishers?		
Fully sprinklered?		
Bars on windows? If so, what rooms?		
Bars on doors?		
Does property meet all local zoning codes?		

Signature

(Owner/Insured/Applicant): _____

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 [NY: Substantial] civil penalties, (not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, Insurance benefits may also be denied).

