

235 INSURANCE

REAL ESTATE: BUILDING APPLICATION

Named Insured:

Location Address

Insureds Mailing Address:

Insured's Contact
(name, number, + email)

Property Manager Contact
(name, number, email)

Lender's Loss Payable Interest *(name/*
payee clause, address):

Additional Insured(s):
(name, address, source of interest)

LOCATION INFORMATION

Overall interior and exterior condition of property in insured's opinion 1-5

- 1- Needs significant renovations / builder's risk
- 2- Okay but in need of TLC
- 3- Solid
- 4- Improved, good condition
- 5-Excellent

Year Purchased: **Total Building
Square Footage:** **Year Built:**

Construction Type (brick / frame / describe): **Parking Availability (describe):**

**# of stories
above-ground:** **Basement:** **Roof type and condition**

Heating and Air Systems (describe) **Average Monthly Rents:**

APTs # of units occupied **APTs # of units vacant** **Gross Annual Rents**

Student Housing %: **Senior Housing %:** **Subsidized Housing %:**

History of Updates, please provide year of last improvement:

Roof: **Heating:** **Electric:** **Plumbing:**

Number of Commercial Units:

Commercial Tenants list, including square footage of each tenant:

Additional Hazard Information

Fire Extinguishers

In hallways
In living quarters

Smoke Detectors

battery
hardwired
both
Carbon
Monoxide

Location of smoke detectors

In hallways
In living quarters

Life Safety & Risk Control:

Emergency Exits marked
Emergency Exits lighting
Emergency Lighting interior
Emergency Lighting exterior
Enclosed stairwells
Automatic Sprinkler system
Central Fire Alarm system
Central Burglar Alarm system
Security Cameras
Elevators
Interior Second Means of Egress
Exterior Second Means of Egress
Aluminum Wiring
Space Heaters
Electric baseboard heating
Fuse Electric
Proof of insurance obtained for any/all subcontractors?

Additional hazard + life safety notes

What is outlook of next 12 months at this location? For example, are any improvements planned?

**Current Insurance
Carrier**

**Policy expiration date
and premium**

**Current Insurance
Amount (Building)**

Loss experience?

Please order four years "LOSS RUNS" from your current broker or carrier; loss runs are a requirement to bind new property insurance.

Describe any targets you have regarding insurance coverage dates, amounts of coverage, loss deductible, or other notes for your broker regarding this application:

I acknowledge that these responses were given in good faith and to the best of my knowledge. It is understood that these responses will be used by **235 Insurance, Ltd.** in connection with my insurance application (*admin@235insurance.com*, 312-720-1950).

NAME

TITLE

SIGNATURE (please type your name to indicate e-signature)

DATE