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APARTMENT COVERAGE QUESTIONNAIRE

Contact Person _____ Email: _____

Applicant Entity () Individual) () Corp () Partnership () LLC EIN # _____

Name of Owner / DBA _____

Mailing Address _____

Property Address: _____

Name of Property / Apartments _____

Prior Carrier _____ Exp Date _____ Policy Number _____ Premium _____

How long have you owned this property _____ yrs Do You Desire Flood Ins. Coverage () Yes () No

Any claims in past 5 years: () Yes () No *If yes, describe below (date, amount of loss, brief description)*

Construction Type: () Masonry / Veneer () Wood/Frame () Stucco () Other *(describe on last page)*

Year Built _____ # of Buildings _____ Units Per Building _____ Building Square Footage _____

Foundation () Slab () Raised # of Stories _____ Elevators () Yes () No # _____ Total # of Units _____

Pets Allowed () Yes () No Heating Type () Gas () Electric Central Air () Yes () No

Fireplaces in Units () Yes () No Are Buildings Sprinkled () Yes () No On-Site Mgmt () Yes () No

Roof Type () Flat / Smooth () Flat / Tar-Gravel () Built-Up () Composition () Shake / Wood () Tile

Pool / Jacuzzi () Yes () No Fenced () Yes () No Plumbing Type () Copper () PVC () Galvanized

Building Insurance Value \$ _____ Contents Insurance Value \$ _____

Updates (year) Wiring _____ Plumbing _____ HV/AC _____ Roof _____ Other _____

Garages () None () Attached () Detached Square Footage of each Garage _____ or () NA

Below-Grade Parking () Yes () No Parking Lot Well-Lit () Yes () No Gated Property () Yes () No

Automatic Fire Alarm System () Yes () No Do Units Have Local Alarms () Yes () No

Annual Rental Income \$ _____ Avg. Rent Per Unit \$ _____ Occupancy Rate _____ %

