



GROUP, INC.
HOUSING AUTHORITY APPLICATION

INSURED NAME _____
ADDRESS _____

The following schedules must be included as part of the submission:

1. A complete, signed schedule of buildings and contents, including addresses, age, construction, number of floors, total square feet and replacement cost values. Include any plot plans, maps and HUD-5460 forms that you have for the buildings.
2. Schedules of miscellaneous equipment for which coverage is requested. Include model, year, value or cost new, manufacturer and (when available) serial numbers.
3. A schedule of vehicles and mobile equipment designed for use on roads. Include ages, vehicle weights and cost new. Also include a schedule of drivers, their ages and drivers license numbers.

SECTION 1 – GENERAL LIABILITY EXPOSURE INFORMATION

1. Total number of units owned and operated _____ Total number of Section 8 units _____
 Number of owned units occupied by families _____
 Number of owned units occupied by elderly _____
 Number of vacant or unoccupied units _____
 Number of employees _____

2. The length of occupancy by residents:
 Less than one year _____ Three to 10 years _____
 One to three years _____ More than 10 years _____

3. Identify protective devices:

Hard wired smoke detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Battery smoke detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Sprinklers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Fire alarms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Emergency lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Indoor surveillance cameras	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Outdoor surveillance cameras	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Carbon monoxide detectors*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

* For units containing fossil fuel burning heater, hot water tank or appliances.

4. Identify playgrounds and equipment: _____
 Type of ground cover for playgrounds _____

Identify any slides or climbing equipment greater than six feet in height _____

Are there basketball or tennis courts? _____

Are there swimming pools? Yes No

If so, identify:

Dimensions _____ Depth(s) _____ Diving boards heights _____

Height of fencing _____ Hours of access _____ Protection _____

5. Valuations: Have the buildings been appraised? Yes No If so, last date of inspection

If not, how have values been established? _____

6. Capital improvement projects

What capital improvement projects have been completed in the last three years? _____

What capital improvement projects are planned for the upcoming year? _____

7. Additional information:

Have the wiring and distribution board/breaker panel been upgraded? ____ If so, when ? _____

Do any buildings utilize aluminum wire instead of copper? _____

Is there a laundry room? ____ If so, is it equipped with front loading washing machines? _____

What is the age of the roof(s)? _____

Is the authority a HUD HOPE VI housing complex? ____ If so, do any residents perform
community service at the authority's premises? _____

Do residents perform work for any other organization? _____

Identify the type of work performed on Authority premises:

Painting

Lawn mowing

Distribution of flyers & literature

Landscaping

Interior cleaning

Other _____

Did the buildings undergo lead paint removal or abatement? _____ If so, when? _____

Identify the number and location of vacant or unoccupied units. _____

Identify the number and location of handicapped or non-ambulatory occupied units.

Is any private security service contracted for any of the location? _____

If so, please provide details. _____

Are there any day-care facilities on premises? Yes No

Are they operated by the Authority ? Yes No

Are meals served on premises? Yes No Are they authority operated? Yes No

If applicable, identify your elevator maintenance contractor and the frequency of inspections contracted to be performed. _____

Are certificates of insurance obtained from all contractors and subcontractors? Yes No

If so, are limits of at least \$1,000,000 required? Yes No

Is the Authority included as an additional insured? Yes No

SECTION 2 – AUTO EXPOSURE INFORMATION

1. Hired and non-owned vehicles:

Identify the number of employees using their own vehicle for housing authority business. ____

How often and for what purpose do employees drive their own vehicles for authority business?

Does the housing authority verify that the employees have personal auto insurance?

Yes No

What limits are the employees required to carry? _____

2. Identify the number and seating capacity of each passenger van or bus. _____

3. Are motor Vehicle Reports (MVRs) obtained for all employees who operate authority vehicles?

Yes No _____

4. Identify the approximate average number of miles driven annually or provide odometer readings. _____

5. Identify customized vehicles, including security apparatus. _____

6. Identify vehicles planned for addition or deletion. _____

SECTION 3 – CRIME EXPOSURE INFORMATION

1. Largest amount of cash in insured's possession _____ Location _____

2. Alarm systems None Local Police department connected Central station

3. Annual budget of the Authority for the upcoming year. _____
4. Total number of employees handling, or having custody of, money, checks or securities, or account for supplies or other property; authorize or make appropriations for expenditures; approve, certify, sign or countersign checks, drafts, warrants, vouchers, orders or other documents providing for the paying over or delivery of money, securities or supplies. _____
5. Are all locations audited by a certified public accountant? _____ Date of last audit. _____
6. Are bank deposits reconciled by someone not authorized to deposit or withdraw from the account? Yes No If yes, name of person _____
7. Are checks countersigned? Yes No
8. How often are bank accounts reconciled? _____

SECTION 4 – HISTORICAL INFORMATION

1. Identify the Authority's previous insurers.

	Current Year	Prior Year	2 nd Year Prior
Property			
Auto			
Public Officials			
General Liability			

2. Identify the expiring premiums.

Property _____ Auto _____ Public Officials _____ General Liability _____

3. Provide an attachment with descriptions of any claims within the last five years in excess of \$5,000.
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Note: Attach copies of insurer's loss runs for at least the last four completed years, including descriptions of all claims reported.

Signed by: _____ Date _____
 Title: _____

Claim descriptions from Section 4, Item 3:

FRAUD WARNING

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 civil penalties.