



McFall General Agency, Inc.
 6443 S.W. Beaverton-Hillsdale Hwy., Suite 350, Portland, OR 97221-4210

Apartment Supplemental
 (Complete in addition to an Acord Application)

1. Agency Code: _____ Agency: _____
 2. Phone: _____ Fax: _____ Web site: _____
 3. Producer: _____ E-Mail Address: _____
 4. Assistant: _____ E-Mail Address: _____

General Information:

5. Business Name (dba): _____
 6. Legal Name: _____ Years In Business: _____
 7. Mailing Address: _____ City: _____ State: _____ Zip: _____
 8. Physical Address: _____ City: _____ State: _____ Zip: _____
 9. Contact Person: _____ Phone: _____ Fax: _____
 10. Email Address: _____ Web site: _____
 11. Type of Entity: Individual Partnership Joint Venture Corporation Other:
 12. Effective Date: _____ Expiration Date: _____ Need By Date: _____

Description of Operations & Exposures:

13. _____

14. Year Built: _____ Years Owned By Applicant: _____
15. If over 15 years, please provide year of updates: _____
 Roof: _____ Electrical: _____ Plumbing: _____ Heating: _____
16. Any Periodic Check of Stairs, Balconies, Etc.? Yes No How Often? _____
17. Occupancy: _____ % Less Than 90%, Explain: _____
 A. Any Government Subsidized Housing? Yes No If Yes, What Percent? _____
 B. Any Student Renters? Yes No If Yes, What Percent? _____
 C. Management On Site? Yes No D. Maintenance On Site? Yes No
18. Construction: _____ Roof Construction: _____
 A. Number of Stories? _____ If Over Three (3) Stories, Are Interior Stairways Enclosed
 And Equipped With Self-Closing Fire Doors On Each Floor? Yes No
 B. Square Footage: _____
 C. If Multiple Buildings, What Is the Separation Between Buildings? _____
19. Annual Rental Income: \$ _____
 A. Monthly: 1 Bedroom \$ _____ 2 Bedroom \$ _____ Other \$ _____
20. Type Of Buildings: _____ Number Of Units: _____
21. Type of Wiring: _____ If Aluminum, Updated? Yes No
22. Smoke Alarm? Yes No Battery? Yes No Hardwired? Yes No
 Kitchen Area? Yes No Hallway Leading To Bedroom? Yes No
 Common Interior Hallway & Stairways? Yes No Other? Yes No

x



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Description of Operations & Exposures:

- 23. Emergency Lighting? Yes No Battery? Yes No Hardwired? Yes No
Hallway Leading To Bedroom? Yes No Common Interior Hallway & Stairways? Yes No
- 24. Swimming Pool(s)? Yes No
A. Pool(s) Fenced? Yes No B. Self Closing And Locking Gate? Yes No
C. Diving Board(s)? Yes No D. Pool Rules Posted? Yes No
E. Life Saving Equipment (I.E.: Life Ring, Shepherds Hook) In Pool Area? Yes No
- 25. Playground(s)? Yes No If Yes, How Is It Secured? _____
A. Type of Surface (I.E. Asphalt, Grass, Sand)? _____
- 26. Tennis Courts? Yes No If Yes, How Many? _____
- 27. Other Recreational Facilities? Yes No Provide Full Details: _____

- 28. Entire Property Fenced? Yes No Automatic Access Gate? Yes No
- 29. Private Security? Yes No Employed? Yes No
Subcontracted? Yes No If Subcontracted, Are Certificates of Insurance Obtained And Are
You Named As Additional Insured? Yes No
- 30. Are Tenants Screened Prior To Leasing? Yes No
A. Credit Check? Yes No B. Criminal Check? Yes No
- 31. Are Employees Screened? Yes No
A. References? Yes No B. Prior Jobs? Yes No
C. Credit Checks? Yes No C. Criminal Checks? Yes No
- 32. Crime And Vandalism In Neighborhood: High _____ Medium _____ Low _____
- 33. Are Tenants Informed Of Crime And Vandalism Activity? Yes No
- 34. Is There Any Regular Tenant News Bulletins Provided By Applicant? Yes No
- 35. If Apartment, Are Locks Changed For Each New Tenant? Yes No
- 36. If Hotel, Do Room Keys Indicate Room Number? Yes No

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature _____

Date _____

Print Name _____

Title _____

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**

X