Apartment Information Reference



In addition to the information contained on the insurance application, the following information is required by Travelers when completing the policy screens for **Apartment** risks in 2nd Gen Travelers **Express**[®] **for Master Pac**SM.

The information requested in this document is specifically designed to assist you with gathering information so that you may obtain a *Master Pac* quote. The information gathered from this document is not intended to supplement or replace the insurance application. The data captured on this document should be entered into the Travelers 2nd Gen system to start the quoting process. While completion of this document is not required, if you elect to use it, a copy should be kept in your file for the account.

General Operations		
Year business established or acquired:		
Life safety requirements met: ☐ Yes ☐ No		
No violations of local fire or life safety codes		
 All sleeping areas, common areas, hallways, and high hazard areas such as laundries, trash chutes and compactors have fire detection (Smoke detectors and/or heat detectors) 		
Buildings over 3 stories have an emergency evacuation alarm		
Emergency lighting provided for buildings over three stories or with more than 12 units		
o Enclosed 2 hour fire rated stairwells in buildings over 3 stories		
 All units equipped with self closing doors (except for buildings 3 stories and less where all unit doors exit directly to exterior stairs or ground level) 		
 For buildings over two stories, each floor has multiple means of egress (except when each unit exits directly to the outside) 		
Occupancy requirements met: Yes No		
All buildings sustain a minimum occupancy rate of 80%		
 Restaurant, mercantile, office or service occupancies do not exceed 25% of the total building area 		
All restaurant tenants meet the underwriting requirements for <i>Restaurant PacSM</i>		
Operations are subcontracted or subcontractors hired for service, maintenance or repair: ☐ Yes ☐ No		
o If yes, Subcontractors required to provide proof of insurance with General Liability limits at least equal to the applicant's:		
☐ Yes ☐ No		
Premises Information		
■ Building or complex converted from a commercial or industrial occupancy: □ Yes □ No		
 Indicate type of fireplace in individual units: ☐ Gas ☐ Wood ☐ None 		
o If wood: Flues inspected and cleaned at least annually: ☐ Yes ☐ No		
Roof has wood shake shingles: Yes No		
BBQ grills used on balconies, patios (ground floor or rooftop), or within 10 ft of the building: ☐ Yes ☐ No		
 Playgrounds are over soft surfaces (rubber, grass, mulch, sand) with no concrete surfaces: ☐ Yes ☐ No 		
Swimming pool: ☐ Yes ☐ No If yes: Fenced with self locking gates: ☐ Yes ☐ No Diving board or slide: ☐ Yes ☐ No		
Premises Protection		
Percentage of building sprinklered: ☐ 100% ☐ 80% to 99% ☐ <80% ☐ None		
If the building has an automatic sprinkler system and TIV >\$5,000,000, the following information is needed:		
Type of Sprinkler Alarm: ☐ Central Station ☐ Local Gong ☐ Proprietary ☐ None		
Contractor responsible for sprinkler system maintenance and inspection (indicate frequency):		
☐ Yes – Monthly ☐ Yes – Quarterly ☐ Yes – Semi-Annually ☐ Yes – Annually ☐ Not Maintained/Inspected		
Sprinkler system extends into the attic: Yes No No Attic		
If the building does not have an automatic sprinkler system and is greater than 6 stories, the following information is needed:		
Building has an Engineered Life Safety System: ☐ Yes ☐ No		

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Miscellaneous Operations		
Indicate all athletic or recreational facilities provided: None Golf Tennis Racquetball Sauna Jacuzzi Hot Tub Water Sports Other: Use restricted to tenants only: Yes No		
Indicate all exercise equipment provided:		
 None ☐ Free Weights ☐ Treadmill(s) ☐ Elliptical Trainer(s) ☐ Weight Machine(s) ☐ Stair Climbing Machine(s) ☐ Stationary Bike(s) ☐ Other: ○ Use restricted to tenants only: ☐ Yes ☐ No 		
Applicant has no operations found on the list of ineligible operations: Yes No		
o Armed Security Guards	 Home based businesses 	
 Assisted Living Facilities 	 Nursing Homes or Chronic Care Facilities 	
 Associations - Homeowner or Townhouse 	Rehabilitation Facilities	
 Boarding Houses 	o Resort Communities	
 College Housing 	 Senior Living Facilities, including assisted living and independent living 	
 Correctional Facilities 	(excluding active adult (e.g. 55+) communities)	
o Fraternities or Sororities	 Subsidized, Government Funded or Public Housing Complexes 	
o Group Homes	o Timeshares	
o Halfway Houses	 Waterfront Complexes with Marinas and/or Docks 	

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This document does not amend, or otherwise affect, the provisions of coverage of any resulting insurance policy issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the applicable provisions of the actual policy issued, the facts and circumstances involved in the claim or loss and any applicable law.

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