

**AMTRUST FINANCIAL SERVICES, INC.**  
**BOP Apartment Supplement – California**

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Complete a separate Apartment Supplement for each location. Three years of loss runs plus current year losses required prior to binding.

Date: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Named Insured: \_\_\_\_\_  
Location Address: \_\_\_\_\_

1. New purchase:  Yes  No Renovations planned:  Yes  No Describe: \_\_\_\_\_
2. % of units designated for HUD, Section 8, or Tax Credit housing: \_\_\_\_\_
3. % of complex designated for senior housing: \_\_\_\_\_
4. % of complex occupied by students: \_\_\_\_\_
5. % of vacant units: \_\_\_\_\_
6. % of monthly turnover: \_\_\_\_\_
7. Average Rent: \_\_\_\_\_
8. % of furnished units: \_\_\_\_\_
9. On site manager:  Yes  No
10. Year built: \_\_\_\_\_ (1964 or older ineligible). Answer questions 11-14 if built between 1965 & 1984.
11. Provide age, and updates to the following building components:  
Roof: \_\_\_\_\_  
Electrical: \_\_\_\_\_  
Plumbing: \_\_\_\_\_  
HVAC: \_\_\_\_\_
12. Aluminum wiring:  Yes  No
13. Knob & tube wiring:  Yes  No
14. Brand of electrical panels: \_\_\_\_\_
15. Galvanized pipes:  Yes  No
16. Roof type:  Yes  No
17. Solar panels:  Yes  No Kilowatts generated: \_\_\_\_\_
18. Number of wood burning fireplaces: \_\_\_\_\_ Number of gas fireplaces: \_\_\_\_\_  
Annual chimney cleaning:  Yes  No
19. Renters insurance required:  Yes  No
20. Credit checks and background checks required:  Yes  No
21. Guard service:  Yes  No  
Hours/Days: \_\_\_\_\_  
Employee or Service: \_\_\_\_\_  
Armed:  Yes  No  
COIs obtained if Service:  Yes  No
22. Height of balcony railings in inches: \_\_\_\_\_ Space between balcony railings in inches: \_\_\_\_\_
23. Water exposures (docks, piers, ponds, fountains, creeks):  Yes  No Describe: \_\_\_\_\_
24. Pool:  Yes  No  
Fenced with self-closing gate:  Yes  No  
Diving boards:  Yes  No  
Slides:  Yes  No