

# AMERICAN PROPERTY RESOURCES, INC.

## Residential Umbrella Application

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

Description of risk: \_\_\_\_\_ Building limit: \_\_\_\_\_ BI: \_\_\_\_\_

### *Habitational Exposure*

Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Co-Op \_\_\_\_\_ Merc/Office \_\_\_\_\_

# Units \_\_\_\_\_ % Occ \_\_\_\_\_ Merc tenant occupancy \_\_\_\_\_

Clubhouse \_\_\_\_\_

# Parking Spaces \_\_\_\_\_

### *Building Info*

Construction \_\_\_\_\_ Year Built \_\_\_\_\_

# of stories \_\_\_\_\_ Sprinkler \_\_\_\_\_ %

Gut Rehab \_\_\_\_\_ Roof \_\_\_\_\_

### *General Exposures*

Does insured own any Watercraft? Yes No

Windows \_\_\_\_\_

# Pools: \_\_\_\_\_

# Diving Boards: \_\_\_\_\_

Buzzer \_\_\_\_\_

# Acres Vacant Land: \_\_\_\_\_

Guards \_\_\_\_\_

# Elevators: \_\_\_\_\_

Detectors \_\_\_\_\_

# Playgrounds \_\_\_\_\_

If Yes, Please provide area \_\_\_\_\_

Owned Autos \_\_\_\_\_ HNO only \_\_\_\_\_

Boiler \_\_\_\_\_

Electric \_\_\_\_\_ Circuit Breakers Yes/No \_\_\_\_\_

Doorman \_\_\_\_\_ Intercom/ \_\_\_\_\_

Door Alarms \_\_\_\_\_ Window \_\_\_\_\_

CO Detectors \_\_\_\_\_ Smoke \_\_\_\_\_

Hard Wired \_\_\_\_\_ Battery \_\_\_\_\_ (replacement plan req)

Fire Escapes \_\_\_\_\_ Encl Stairwells \_\_\_\_\_

Security Guards \_\_\_\_\_ Window guards \_\_\_\_\_

### *LRO Commercial Property*

Office Square Footage: \_\_\_\_\_

Retail Square Footage: \_\_\_\_\_

Warehouse Square Footage: \_\_\_\_\_

Commercial (Non-Manufacturing): \_\_\_\_\_

Parking lot area: \_\_\_\_\_

Parking \_\_\_\_\_

### *Loss experience*

Any claims past 5 years: \_\_\_\_\_

Occupancies: \_\_\_\_\_

Occupancies: \_\_\_\_\_

Occupancies: \_\_\_\_\_

Inside or Outside \_\_\_\_\_

### *Underlying Coverage*

Policy Type: \_\_\_\_\_ Insurer: \_\_\_\_\_ Limits: \_\_\_\_\_ Policy Period: \_\_\_\_\_

General Liability \_\_\_\_\_ MM/ \_\_\_\_\_

\_\_\_\_\_ MM \_\_\_\_\_

Automobile Liability \_\_\_\_\_ MM/\_\_\_\_  
\_\_\_\_\_MM \_\_\_\_\_-

Employers Liability \_\_\_\_\_ K/\_\_\_\_K/\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

Directors & Officers \_\_\_\_\_  
\_\_\_\_\_MM \_\_\_\_\_ - \_\_\_\_\_

**Prior Umbrella Liability Information:**

Carrier: \_\_\_\_\_ Limit: \_\_\_\_\_ Premium: \_\_\_\_\_  
\_\_\_\_\_

**Make all submissions to:**  
**Program Administrator**

**Submitted By:**  
**Name:**

\_\_\_\_\_  
**American Property Resources Inc**  
**55 W Ames Court, Suite 400**

**Address:**

\_\_\_\_\_  
**Plainview, NY 11803**

\_\_\_\_\_  
**(516)-396-8300 Phone**  
**(516)-908-7959 Fax**

**Phone: ( ) \_\_\_\_\_**  
**Email: \_\_\_\_\_**

Certain risks may be ineligible. All locations are subject to underwriting review by the carriers and satisfactory loss information.  
The undersigned is an authorized representative of the insured and hereby certifies that the information is correct and true.

X \_\_\_\_\_ Date \_\_\_\_\_