



ACE Express UmbrellaSM
Real Estate
Supplemental Application

Does the applicant have real estate agents on staff that buy or sell properties for others?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do all buildings meet all applicable building codes and safety ordinances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any locations or operations outside of the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any of the locations have hazardous tenancies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any of the locations or buildings under construction or planned to be under construction during the policy period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any of the locations have diving boards or pools lacking full fencing with self-locking gates?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any of the locations have armed guards?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any of the locations have animal exposures (guard dogs or any other operations related to animals)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any of the locations have recreation exposures other than pool, health club, tennis court, playgrounds and community rooms?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any of the vacant land have any attractive nuisance exposures such as bodies of water, hiking trails, all-terrain-vehicle trails or race courses, abandoned or vacant buildings, public rights-of-way etc? (only applicable if exposure units entered for Vacant Land)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do all tenants of non-habitational locations have leases holding the applicant harmless and providing the applicant with additional insured status on liability policies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any locations provide transportation to 3 rd parties such as guests or residents (shuttle vans/buses)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any of the locations include the following types of property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<ul style="list-style-type: none"> o Mobile home/RV trailer parks o Senior Housing over 3 stories o Boarding or Rooming houses o Student housing/dorms o Assisted living/nursing homes o Enclosed malls over 1m square feet o Marinas o High Terrorism Risk buildings (per TRIA list) o Parking garages or parking lots not attached to another property o Subsidized housing (if more than 15% of units at any one location) o Housing authorities or housing projects o Vacant buildings (any building not at least 70% occupied) o 50+ story buildings o Heavy manufacturing tenancy o Cold storage warehousing 		

COMMENTS:



Location Supplement

Address Name / Location: _____

Type of Occupancy (Units or Square Footage)

- | | |
|---|--|
| <input type="checkbox"/> Apartments/Condos/Co-ops _____ | <input type="checkbox"/> Parking Lots/Garage _____ |
| <input type="checkbox"/> Commercial/Retail _____ | <input type="checkbox"/> Single and Two Family Homes _____ |
| <input type="checkbox"/> Industrial/Manufacturing _____ | <input type="checkbox"/> Vacant Land _____ |
| <input type="checkbox"/> Motel/Hotel _____ | <input type="checkbox"/> Warehouse _____ |
| <input type="checkbox"/> Office Building _____ | |

#of Stories _____ Year Built _____

Construction Type

- | | |
|--|--|
| <input type="checkbox"/> Frame | <input type="checkbox"/> Masonry Noncombustible |
| <input type="checkbox"/> Joisted Masonry | <input type="checkbox"/> Modified Fire Resistive |
| <input type="checkbox"/> Noncombustible | <input type="checkbox"/> Fire Resistive |

Alarm System

- | | |
|---|---|
| <input type="checkbox"/> Hardwired smoke detector | <input type="checkbox"/> Maintenance Schedule |
| <input type="checkbox"/> Battery smoke detector | <input type="checkbox"/> Partial Sprinklered |
| <input type="checkbox"/> Fully Sprinklered | |
| <input type="checkbox"/> Central Station alarm | |

of Pools _____

Diving Board _____

Self Locking Gates _____

Recreation Facilities _____

- | |
|--|
| <input type="checkbox"/> Two Means of Egress per Floor |
| <input type="checkbox"/> Standpipes |
| <input type="checkbox"/> Enclosed Stairwells |
| <input type="checkbox"/> Emergency Lighting |

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