

A Member of the Tokio Marine Group

MULTIFAMILY RESIDENTIAL SUPPLEMENTAL - FLORIDA

1.	Is a security camera system installed at points of entry and exit? If yes, is footage recorded, maintained and retrievable for at least 30 days?		Yes Yes	No No
2.	Does the parking lot lighting provide the following: a. an intensity of at least an average of 1.8 foot-candles per square foot b. Installed at least 18 inches above the surface c. Provides light from dusk to dawn		Yes Yes Yes	No No No
3.	Lighting is installed in the following a Walkways Laundry rooms Common areas Porches	areas: (check all that apply) Illuminated from dusk to dawn? Illuminated from dusk to dawn? Illuminated from dusk to dawn? Illuminated from dusk to dawn?	Yes Yes Yes Yes	No No No No
4.	Is there a 1-inch deadbolt on each dwelling unit door?		Yes	No
5.	Is there a locking device on each window, exterior sliding door and any other doors not used for community purposes?		Yes	No
6.	Does each dwelling unit door have a peephole?		Yes	No

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy. *Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

APPLICABLE IN FLORIDA ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NAME (PLEASE PRINT/TYPE)

TITLE (MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER (If this is a Florida Risk, Producer means Florida Licensed Agent) AGENCY

PRODUCER LICENSE NUMBER (If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)