



**COLONY INSURANCE COMPANY
APARTMENT/SFD PDQ
SUPPLEMENTAL APPLICATION**

RDS GROUP

General Agent Name

Address: **4601 Westown Parkway • Suite 122
West Des Moines, IA 50266-1071**

Phone: _____

Fax: _____

Date: _____

Insured: _____ Location: _____

GENERAL INFORMATION

of stories: _____ Construction: _____ Protection Class: _____

Year Built: _____ If over 15 years old, when were the following updates performed?

Heating: _____ Electrical: _____ Plumbing: _____ Roof: _____

Are cooking facilities provided in rooms? _____ yes _____ no

If yes, number of rooms: _____

Years owned: _____ Does owner/manager live on premises? _____ yes _____ no

FIRE/LIFE SAFETY & SECURITY

Are there heat and smoke detectors in all rooms? _____ yes _____ no

If yes, type: _____

Are there fire extinguishers on premises? _____ yes _____ no

Is there a central station fire alarm? _____ yes _____ no

Are hallways and stairwells _____ open or _____ closed? Number of exits: _____

Are sliding doors equipped with additional locks? _____ yes _____ no

Are there dead bolts on entry doors? _____ yes _____ no

Are there fences surrounding the property? _____ yes _____ no

Does complex directly employ security guards? _____ yes _____ no Armed? _____ yes _____ no

If outside security guard service, are certificates of insurance required? _____ yes _____ no

RECREATIONAL FACILITIES

Pools: Number of pools: _____ Is the pool area fenced from all units? _____ yes _____ no

Self-locking gates? _____ yes _____ no Does pool have depth markers? _____ yes _____ no

Are rules posted? _____ yes _____ no Is there lifesaving equipment in place? _____ yes _____ no

Is there a lifeguard? _____ yes _____ no (If not certified, submit)

Have a diving board? _____ yes _____ no (If over 1 meter long, submit)

Have a sliding board? _____ yes _____ no (If over 7 feet long, submit)

Describe playground equipment(i.e. fenced, installed per specs., condition, etc.): _____

Describe any exercise facilities(i.e. types of equipment & safety requirements): _____

Describe any outside recreation: _____

Number of: volleyball courts: _____ tennis courts: _____ basketball courts: _____

baseball parks: _____ shuffleboard courts: _____ parks(acres): _____

clubhouse (sq.ft.): _____ biking trails (miles): _____ jogging trails (miles): _____

Describe all rental equipment: _____

OTHER

Average rent: 1br: _____ 2br: _____ 3br: _____ Minimum lease term: _____

Number of HUD units: _____ % rented to Students: _____ Elderly: _____

Confirm lease/rental agreement makes no warranties with reads to security and that leasing agents/employees are instructed to advise tenants and current tenants to call 911.

Describe all losses in the past 3 years: _____

Explain any prior incidents of sexual/physical assaults: _____

Has applicant ever been canceled or non-renewed in the past three years? _____ yes _____ no

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____

Date: _____

Producer: _____

Date: _____