



# WESTERN SURPLUS LINES AGENCY, INC.

P.O. Box 6609  
Abilene, Texas 79608-6609  
(325) 695-9820  
FAX (325) 695-0371  
www.westernsurplus.com

## Apartment Supplemental

Name of applicant: \_\_\_\_\_

No. of buildings: \_\_\_\_\_ No. of stories: \_\_\_\_\_ No. of units: \_\_\_\_\_ Percent occupied: \_\_\_\_\_

If over 3 stories: No. of exits: \_\_\_\_\_ Emergency lighting? \_\_\_\_\_ Panic/fire doors? \_\_\_\_\_

Are heat & smoke detectors in all rooms? \_\_\_\_\_ If yes, type? \_\_\_\_\_

Is building(s) fully sprinklered? \_\_\_\_\_ Partially sprinklered? \_\_\_\_\_

Are fire extinguishers on premises? \_\_\_\_\_ Is there a central station alarm? \_\_\_\_\_

Are deadbolts on entry doors? \_\_\_\_\_ Closest distance between buildings? \_\_\_\_\_

Electrical wiring - copper or aluminum? \_\_\_\_\_ Any pigtailed aluminum? \_\_\_\_\_

Average rents: \_\_\_\_\_ No. of HUD units? \_\_\_\_\_ Percent student rentals? \_\_\_\_\_

Percent elderly rentals? \_\_\_\_\_ No. of pools: \_\_\_\_\_ Self-latching gates? \_\_\_\_\_ Rules posted? \_\_\_\_\_

Is pool fenced from all units? \_\_\_\_\_ Depth markers? \_\_\_\_\_

Diving board? \_\_\_\_\_ Height of diving board? \_\_\_\_\_ Slide? \_\_\_\_\_ Height of slide? \_\_\_\_\_

Lifesaving equipment in place? \_\_\_\_\_ Any security guards employed? \_\_\_\_\_

If outside firm obtained for security, are certificates of insurance required? \_\_\_\_\_

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

Describe any exercise facilities (i.e. types of equipment & safety requirements, etc.): \_\_\_\_\_

Describe any outside recreational (e.g. tennis/handball courts, boating, horseback riding, etc.): \_\_\_\_\_

Describe all losses in the past 3 years: \_\_\_\_\_

Explain any prior incidents of sexual/physical assaults: \_\_\_\_\_

No. of years owned? \_\_\_\_\_ Does owner/manager live on premises? \_\_\_\_\_

Has applicant ever been cancelled or non-renewed in the past 3 years? \_\_\_\_\_

If so, why? \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Producer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THE APPLICANT AND/OR PRODUCER REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPRESSED OR MIS-STATED.**

**NOTE THAT COMPLETION OF THIS FORM DOES NOT GUARANTEE A QUOTE. COMPLETE APPLICATIONS AND/OR SUBMISSIONS MAY BE REQUIRED IN ORDER TO RECEIVE A QUOTE OR INDICATION.**