

Benchmark

MANAGEMENT GROUP, INC.

1730 Park Street, Suite 214 Naperville, IL 60563
Phone: (630) 778-7000 Fax: (630) 778-7007

Habitational Supplemental Application

GENERAL INFORMATION:

Effective Date: __/__/__ Inspection Contact _____ Phone _____

Name: _____

Location Address: _____

Years Owned: _____

Type of Property:

- Apartments
- Condominiums
- Multi Family Dwelling (s)
- Single Family Dwelling (s)
- Other/ Mixed Use

Business Structure:

- Owner's Association
- Corporation
- Partnership
- Sole Proprietor
- Estate or Trust
- Other

Description:

- Urban
- Suburban
- Rural

GENERAL LIABILITY:

Number of Units: _____

Square Footage: _____

Average Rent: _____ 1Br _____ 2Br _____ 3Br _____

Minimum Lease Term: _____

Number of HUD Units: _____

Percentage Rented to: _____ Students _____ Senior Citizens _____

Owner Occupied: _____

Total Occupied: _____

Confirm Lease/Rental agreement make no warranties with regards to security and that leasing agents/ employees are instructed to advise tenants and current tenants to call 911.

Describe All Losses in Past Three Years: _____

Describe Any Prior incidents of sexual/ physical assaults: _____

Has Applicant ever been canceled or non-renewed in the past three years? _____

PROPERTY:

Construction:

- Frame/ Brick Veneer
- Joisted Masonry
- Non-Combustible
- Masonry Non-Combustible
- Modified Fire Resistive
- Fire Resistive
- Mixed (Describe)

Protection:

- Smoke Alarms
 - Hardwired
 - Batteries
- Sprinkler System
 - 100% Sprinklered
 - Partial System
- Standpipes

- Gated Community
- Watchman/ Guard Armed/ Unarmed
- Fire Extinguishers
- Outside Security Serv.
- C.O.I. Required
- Fire Alarm System
 - Central Station
 - Local Alarm
 - Pull Stations

Number of Buildings: _____

Distance Between Structures: _____

Number of Units: _____
Square Footage: _____
Year Built: _____
Updates (If over 15 years old): _____ Heating
_____ Electric
_____ Plumbing
_____ Roof

Number of Stories: _____
Protection Class: _____
Values: Building: _____
Business Personal Property: _____
Business Income: _____
Years of Property Management Experience: _____
Years Managing this Location: _____
Owner/ Manager Live on Premises: _____
Any Polybutylene Plumbing? _____
Any precautions against Ice Damming? _____
Type of Wiring (copper/ aluminum/ other): _____
Are there Deadbolts on Entry Doors? Number of Exits? _____
Are Hallways and Stairwells Open or Closed? _____
Are Sliding Doors Equipped with Additional Locks? _____
Are there Fences Surrounding the Property? _____

RECREATIONAL FACILITIES:

Number of Pools: _____
Is the Pool Area Fenced from all Units? _____
Self Locking Gates? _____
Does Pool Have Depth Markers? _____
Are Rules Posted? _____
Is there Life Saving Equipment in Place? _____
Is there a Lifeguard? _____
Diving Board? _____
Have a Sliding Board? _____
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 Park _____
	Shuffleboard Courts _____	Parks (Acres) _____
	Clubhouse (Sq. Ft.) _____	Biking Trails (miles) _____
	Jogging Trails (miles) _____	

Describe All Rental Equipment: _____

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

Applicant Signature: _____ **Date:** _____

Producer: _____ **Date:** _____