



# Multifamily Program Application

## SECTION 1 GENERAL INFORMATION

Property Name: \_\_\_\_\_ Legal Entity Name: \_\_\_\_\_

Location Street Address: \_\_\_\_\_ Location City: \_\_\_\_\_

Location State: \_\_\_\_\_ Location Zip: \_\_\_\_\_

Location County: \_\_\_\_\_ Mgmt Company: \_\_\_\_\_

Client Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Mail Address: \_\_\_\_\_ Contact City: \_\_\_\_\_

Contact State: \_\_\_\_\_ Contact Zip: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ FEIN: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Entity Type: \_\_\_\_\_

## SECTION 2 WORKERS COMPENSATION INFORMATION

Class Code		Number of Employees	Indicate Full or Part Time	Estimated Annual Payroll
9032	Apartment House Operation			
8810	Clerical Office Employees NOC			
8742	Salesperson, Collections or Messenger			

Prior Carrier: \_\_\_\_\_

Indicate Any Claims in Past 5 years:  
If Coverage in force, please attach loss runs \_\_\_\_\_

### Officers/Individuals Include or Exclude

Name	Title/Relationship	DOB	Included or Excluded	% Ownership	Class

Endorsed By:



Underwritten By:



Other Services Available:

Property General Liability Umbrella Renters Legal Liability Professional Liability Crime D&O Flood  
EPLI 401(k) Auto PEO Payroll Services Boiler Machinery National HealthCare Compliance & Benefits