

Agency Information

Agency Name

Agency Phone

Agency Email

Applicant Information

Insured Name

Mailing Address

City

State

Zip Code

Effective Date

Expiration Date

Phone Number

Email

Type of Entity: Corporation Partnership Individual Other (describe): _____

Years Experience

Coverage Information

Property

Coverage Form: Basic Broad Special

Coinsurance: 0% 80%

Wind/Hail Deductible: 1% 2% 3% 4% 5%

All Other Peril Deductible: \$1,000 \$2,500 \$5,000
 \$10,000 \$25,000

Liability (select one)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Aggregate	\$2,000,000	\$1,000,000	\$600,000
Products & Completed Operations	\$2,000,000	\$1,000,000	\$600,000
Personal & Advertising Injury	\$1,000,000	\$500,000	\$300,000
Each Occurrence	\$1,000,000	\$500,000	\$300,000
Damage to Rented Premises	\$100,000	\$100,000	\$100,000
Medical Expense	\$5,000	\$5,000	\$5,000

Optional Coverage Endorsements

Mine Subsidence (Only available in Indiana): Yes No

Earthquake (Only available in AL, AR, IL, IN, KY, MO, MS, OH, TN, CA): Yes* No *Deductible: 5% 10% 15% 20%

Theft Sublimit: Yes* No *Applicable to vacant locations - Added on a policy level only. *Sublimit: \$5,000 \$10,000

Discharge from sewer, drain, or sump (not flood related) \$5,000 Sublimit: Yes No

Premises Information

****PLEASE MARK BOX HERE IF ALL LOCATION INFO IS BEING PROVIDED VIA THE PROGRAM SOV SPREADSHEET, IN LIEU OF LISTING BELOW**

Location #: _____ Location type: _____ Occupied Rehab Vacant

 Location Address City State Zip Code

Construction Type: _____ Year Built: _____ Square Footage: _____ RC/ACV: _____

Building Limit: _____ Other Structures Limit: _____ Contents Limit: _____

Monthly Rents Coverage Amount: _____ Monthly Rents Settlement Options: *Coinsurance* _____ %
 1/3 Monthly Limit 1/4 Monthly Limit 1/6 Monthly Limit

Year building updates were completed: (All required for replacement cost)

Roofing: _____ Wiring: _____ Heating: _____ Plumbing: _____ Other: _____

Mortgagee, Loss Payee, or Additional Insured: _____

Location #: _____ Location type: _____ Occupied Rehab Vacant

 Location Address City State Zip Code

Construction Type: _____ Year Built: _____ Square Footage: _____ RC/ACV: _____

Building Limit: _____ Other Structures Limit: _____ Contents Limit: _____

Monthly Rents Coverage Amount: _____ Monthly Rents Settlement Options: *Coinsurance* _____ %
 1/3 Monthly Limit 1/4 Monthly Limit 1/6 Monthly Limit

Year building updates were completed: (All required for replacement cost)

Roofing: _____ Wiring: _____ Heating: _____ Plumbing: _____ Other: _____

Mortgagee, Loss Payee, or Additional Insured: _____

Location #: _____ Location type: _____ Occupied Rehab Vacant

 Location Address City State Zip Code

Construction Type: _____ Year Built: _____ Square Footage: _____ RC/ACV: _____

Building Limit: _____ Other Structures Limit: _____ Contents Limit: _____

Monthly Rents Coverage Amount: _____ Monthly Rents Settlement Options: *Coinsurance* _____ %
 1/3 Monthly Limit 1/4 Monthly Limit 1/6 Monthly Limit

Year building updates were completed: (All required for replacement cost)

Roofing: _____ Wiring: _____ Heating: _____ Plumbing: _____ Other: _____

Mortgagee, Loss Payee, or Additional Insured: _____

Location #: _____ Location type: _____ Occupied Rehab Vacant

Location Address _____ City _____ State _____ Zip Code _____

Construction Type: _____ Year Built: _____ Square Footage: _____ RC/ACV: _____

Building Limit: _____ Other Structures Limit: _____ Contents Limit: _____

Monthly Rents Coverage Amount: _____ Monthly Rents Settlement Options: *Coinsurance* _____ %
 1/3 Monthly Limit 1/4 Monthly Limit 1/6 Monthly Limit

Year building updates were completed: (All required for replacement cost)

Roofing: _____ Wiring: _____ Heating: _____ Plumbing: _____ Other: _____

Mortgagee, Loss Payee, or Additional Insured: _____

Location #: _____ Location type: _____ Occupied Rehab Vacant

Location Address _____ City _____ State _____ Zip Code _____

Construction Type: _____ Year Built: _____ Square Footage: _____ RC/ACV: _____

Building Limit: _____ Other Structures Limit: _____ Contents Limit: _____

Monthly Rents Coverage Amount: _____ Monthly Rents Settlement Options: *Coinsurance* _____ %
 1/3 Monthly Limit 1/4 Monthly Limit 1/6 Monthly Limit

Year building updates were completed: (All required for replacement cost)

Roofing: _____ Wiring: _____ Heating: _____ Plumbing: _____ Other: _____

Mortgagee, Loss Payee, or Additional Insured: _____

Location #: _____ Location type: _____ Occupied Rehab Vacant

Location Address _____ City _____ State _____ Zip Code _____

Construction Type: _____ Year Built: _____ Square Footage: _____ RC/ACV: _____

Building Limit: _____ Other Structures Limit: _____ Contents Limit: _____

Monthly Rents Coverage Amount: _____ Monthly Rents Settlement Options: *Coinsurance* _____ %
 1/3 Monthly Limit 1/4 Monthly Limit 1/6 Monthly Limit

Year building updates were completed: (All required for replacement cost)

Roofing: _____ Wiring: _____ Heating: _____ Plumbing: _____ Other: _____

Mortgagee, Loss Payee, or Additional Insured: _____

Location #: _____ Location type: _____ Occupied Rehab Vacant

Location Address _____ City _____ State _____ Zip Code _____

Construction Type: _____ Year Built: _____ Square Footage: _____ RC/ACV: _____

Building Limit: _____ Other Structures Limit: _____ Contents Limit: _____

Monthly Rents Coverage Amount: _____ Monthly Rents Settlement Options: *Coinsurance* _____ %
 1/3 Monthly Limit 1/4 Monthly Limit 1/6 Monthly Limit

Year building updates were completed: (All required for replacement cost)

Roofing: _____ Wiring: _____ Heating: _____ Plumbing: _____ Other: _____

Mortgagee, Loss Payee, or Additional Insured: _____

Location #: _____ Location type: _____ Occupied Rehab Vacant

Location Address _____ City _____ State _____ Zip Code _____

Construction Type: _____ Year Built: _____ Square Footage: _____ RC/ACV: _____

Building Limit: _____ Other Structures Limit: _____ Contents Limit: _____

Monthly Rents Coverage Amount: _____ Monthly Rents Settlement Options: *Coinsurance* _____ %
 1/3 Monthly Limit 1/4 Monthly Limit 1/6 Monthly Limit

Year building updates were completed: (All required for replacement cost)

Roofing: _____ Wiring: _____ Heating: _____ Plumbing: _____ Other: _____

Mortgagee, Loss Payee, or Additional Insured: _____

Location #: _____ Location type: _____ Occupied Rehab Vacant

Location Address _____ City _____ State _____ Zip Code _____

Construction Type: _____ Year Built: _____ Square Footage: _____ RC/ACV: _____

Building Limit: _____ Other Structures Limit: _____ Contents Limit: _____

Monthly Rents Coverage Amount: _____ Monthly Rents Settlement Options: *Coinsurance* _____ %
 1/3 Monthly Limit 1/4 Monthly Limit 1/6 Monthly Limit

Year building updates were completed: (All required for replacement cost)

Roofing: _____ Wiring: _____ Heating: _____ Plumbing: _____ Other: _____

Mortgagee, Loss Payee, or Additional Insured: _____

Loss History

Policy Term	Date of Loss	Cause of Loss	Loss Description	Loss Amount	Claims Status

If no prior or current claims, please sign/initial here (insured): _____

Name of Prior Carrier: _____

Current Annual Premium: _____

General Underwriting Information

1. Are any locations owner-occupied? Yes* No
 ◦ If yes, please advise: _____
2. Are any dwellings an earth home, dome home, open pier, stilt home, row home, townhouse or condominium, or any other non-conventional design? *Circle which Yes* No
 ◦ If rowhome/townhome, how many locations in a connected row? _____
3. Is the dwelling a manufactured home, or a modified manufactured home? Yes No
4. Are any dwellings occupied as a fraternity, sorority, student housing, or other similar occupancy? Yes No
5. Do any dwellings have un-repaired water damage or boarded-up windows? Yes No
6. Do any dwellings have un-repaired water damage or any water leaks? Yes No
7. Are any of the dwellings Condemned? Yes No
8. Are there any outstanding municipal or fire code violations? Yes No
9. Has the applicant had similar insurance declined, canceled, or non-renewed? Yes* No
 ◦ If yes, why? _____
10. How many days have any of the dwellings gone uninsured prior to the requested effective date? Yes No
11. Has the applicant had a past conviction for arson, fraud or other insurance-related offenses? Yes No
12. Has the applicant filed for bankruptcy in the past 5 years? Yes No
13. Are any dwellings in foreclosure or currently 60 days or more past due on mortgage payments? Yes No
14. Is the applicant unemployed, other than retired or disabled? Yes No

15. Are the primary heat sources theromstatically controlled? Yes* No
 ◦ If yes, what type? _____
16. Is there a supplemental heating source used? Yes No
17. Do the dwellings currently have utilities such as natural gas, electric or water? Yes No
18. Are any dwellings under construction or undergoing major renovation? Yes No
19. Are any dwellings attached to other, or converted from a commercial building? Yes No
20. Are any dwellings located in a landslide, forest fire, or brush fire area? Yes No
21. Are any dwellings in an area that is isolated, not accessible by road? Yes No
22. Are any dwellings located in a Tier 1 wind County? Yes No
23. Are any dwellings > 2 stories? Yes* No
 ◦ If > 2 stories, is there a 3rd floor rental unit? Yes* No
 - If yes, which locations: _____
24. Any Section-8 or Subsidized housing? Yes No

Remarks

Additional Underwriting Information

1. Do any of the following exposures exist on rental premises? Yes* No
- Swimming Pools Yes No
 - Spas, Hot Tubs or Jacuzzi Yes No
 - Trampolines Yes No
 - Day Care Operations Yes No
 - Dog breeds such as dobermans, pit bulls, rottweiler, chows or wolf hybrids Yes No
 - Exotic pets or animals Yes No
 - Lead Paint Yes No
 - Any open water on premises (ponds, lakes, rivers streams) Yes No

2. Have any animal bite incidents occurred on any rental premises in the past 5 years? Yes No
3. Are any buildings undergoing renovations or reconstruction? Yes* No
 - Cosmetic Yes No
 - Structural Yes No

- If yes, please explain and provide estimated completion date: _____
4. Do you use independent contractors? Yes* No
 - If yes, do you obtain a certificate of insurance? Yes No
5. Are there working smoke detectors on the premises? Yes* No
 - Hard wired? Yes No
 - Battery operated? Yes No
6. Is there a procedure in place to replace smoke detector batteries? Yes No
7. Has "Chinese Drywall" been used in the construction or repair of any building? Yes No
8. Do any buildings have knob and tube wiring? Yes No
9. Do any buildings have aluminum wiring? Yes No
10. Do you abide by all state tenant/landlord laws? Yes No

Vacant Land

1. Any Real Estate Development activities? Yes* No
2. Any water exposure? Yes* No
3. Any activities taking place, such as hunting, dirt bike/ATV riding, etc? Yes* No
 - If yes to 1, 2, or 3 please explain: _____

Lessor's Risk Exposures

1. Does the tenant maintain liability coverage? Yes* No
 - Liability limit: _____
2. Do you obtain certificate of insurance from tenant? Yes No
3. Is there any commercial cooking exposures? Yes* No
 - If yes, explain: _____

Applicant's Signature

Producer Signature

10+ Dwelling - Liability Supplemental

****SUPPLEMENT TO BE COMPLETED IF PREMISES HAS A SWIMMING POOL****

1. Do any of the following exposures exist?

◦ Waterslide Yes No

◦ Diving Boards or similar amenities Yes No

2. Is the pool completely fenced with a functioning self latching gate? Yes No

3. Fence has no openings of greater than 4 inches and is at least 48" tall True False

4. Pool will be fully drained and covered securely during periods of non-use True False

5. Pool exposure is fully compliant with local code/guidelines True False

5. Pool exposure is fully compliant with local code/guidelines True False

7. Signed waiver and release, which holds the owner harmless for any bodily injury arising out of the tenants use of the pool, or use of the pool by any tenant occupant is secured and maintained on file for each tenant that occupies a rental unit True False

Answer the following:

◦ How frequently is water quality checks performed: _____

◦ How frequently is pool cleaning done: _____

◦ When is the pool opened/closed for seasons: _____

◦ Who performs maintenance/checks: _____

◦ How/where are pool related chemicals stored: _____

Applicant's Signature

Producer Signature



NOTICE- OFFER OF TERRORISM COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended ("the Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102 (1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT, AS WELL AS INSURER'S LIABILITY FOR LOSSES, RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED. COVERAGE FOR "INSURED LOSSES" AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.

The Act provides that a separate premium is to be charged for insurance for an "act of terrorism" covered by the Act.

Rejection or Selection of Terrorism

If you choose *not to purchase* coverage for certified acts of terrorism, you should indicate so in the section below by signing and dating in the space provided.

If you choose *to purchase* coverage for certified acts of terrorism, you should indicate so in the section below and remit the quoted premium amount indicated below.

<input type="checkbox"/>	I hereby acknowledge that I have been notified of my right to purchase coverage for certified acts of terrorism and that I voluntarily elect not to purchase such coverage. I understand that I will have no coverage for losses arising from acts of terrorism as defined above.
<input type="checkbox"/>	I hereby elect to purchase coverage for certified acts of terrorism for a premium of: \$ _____

Note: if you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act. Failure to sign this form will neither grant nor invalidate coverage.

Applicant's Name (Named Insured)

Insurance Company

Authorized Signature

Date

Print Name

Policy Number/ Effective Date