CITADEL

Supplemental REI Application

INSURED INFORMATION	
Named Insured	
DBA (if any)	
Physical Address	
Website	
Entity Type	
Business Description	
Years of Real Estate ownership/management experience	
Years of ownership of this risk	
Insurance Contact	
Title	
Phone	
Email	
Fax	

OPERATIONAL OVERVIEW	
1. Desired Effective Date of coverage?	
2. Has the insured, the owner, partner or member filed bankruptcy in the past five years?	☐ Yes ☐ No
3. Are prospective tenants subject to the following BGC, Income Verification, Criminal Check,Credit Check?	☐ Yes ☐ No
4. Does the insured utilize standardized lease agreements?	☐ Yes ☐ No
5. Are tenants required to carry renter's insurance?	☐ Yes ☐ No
6. How often are occupied properties inspected?	
7. Does your portfolio contain Vacant Properties?	☐ Yes ☐ No
8. Number of properties the Insured is planning to purchase in the next 12 months?	

INSURED INFORMATION		
Percentage of Portfolio:	Long Term Rental (> 6 Months)	
	Short Term Rental (< 6 Months)	
	Flip/Renovate and Sell (<6 Months)	
	Buy/HoldInvestment (>6Months)	
	Other (Please Describe)	

THE FOLLOWING QUESTIONS/ANSWERS APPLY FOR ANY/ALL LOCATIONS IN YOUR PORTFOLIO:	
1. Subsidized Rentals?	% of subsidized
2. Leased to students?	☐ Yes ☐ No
3. Utilize space heaters?	☐ Yes ☐ No
4. Have functioning smoke detectors and battery replacement procedure?	☐ Yes ☐ No

5. Are properties compliant with all city/state housing codes?	☐ Yes ☐ No
6. Are properties in good condition?	☐ Yes ☐ No
7. Have swimming pool or hut tub? If Yes,how many?	☐ Yes ☐ No
8. Offer single room rentals?	☐ Yes ☐ No
9. Used as a Vacation or Seasonal Rental?	☐ Yes ☐ No
10. Any Location over 4 units?	☐ Yes ☐ No
11. Are used for anything other than a residential dwelling?	☐ Yes ☐ No
12. Aluminum wiring present?	☐ Yes ☐ No
13. E-Bike & EV charging station present?	☐ Yes ☐ No
14. Building undergone a full gut rehab?	☐ Yes ☐ No
15.Federal Pacific Panel or Zinsco Panel Present	☐ Yes ☐ No
16. Any fraternity or sorority housing?	☐ Yes ☐ No
17. Is this a boarding house, shelter, mission, settlement, or halfway house?	☐ Yes ☐ No
18. Is this assisted living, nursing home, or convalescent center?	☐ Yes ☐ No
19. Do you allow subleasing?	☐ Yes ☐ No
20. Manager or owner on premises?	☐ Yes ☐ No
21. Do all buildings have proper lighting in stairwells and common areas?	☐ Yes ☐ No
22. Any asbestos, mold, or lead exposures?	☐ Yes ☐ No
23. Are there parking lot and sidewalk inspections and preventative maintenance routines?	☐ Yes ☐ No
24. Are there snow removal procedures in place (cold weather regions only)?	☐ Yes ☐ No
25. Are dogs allowed? If yes, are there size or breed restrictions? ☐ Yes ☐ No	☐ Yes ☐ No
26. Is building sprinklered?	☐ Yes ☐ No
27. Cooking allowed on balconies or within 10 feet of outside of building?	☐ Yes ☐ No
28. Does the premises have security cameras?	☐ Yes ☐ No
29. Security services used? ie. Security guard	☐ Yes ☐ No
30. Do all indoor swimming pools and rooftop swimming pools have restricted access through self-closing and self-locking doors?	☐ Yes ☐ No
31. Are pool chemicals stored properly, and is a maintenance plan in place?	☐ Yes ☐ No
32. Are there 2 means of egress per floor?	☐ Yes ☐ No
33. Do steps have properly installed Handrails?	☐ Yes ☐ No
34. Is there mercantile exposure (retail shop) on the applicant's premises?	☐ Yes ☐ No
34a. Is there a lease agreement?	☐ Yes ☐ No
34b. Is the tenant required to carry CGL with equal or greater limits?	☐ Yes ☐ No

ADD LOCATION(S) (BOTH BY USING WEBSITE OR SOV UPLOAD)	
Please Provide a location roster that shows owner/investor name, property address, number of unites, number of stories, the property type (single family, multifamily, condo, etc.) and the occupancy status.	

CLAIM AND ACKNOWLEDGMENT		
1. Has the insured every had their insurance coverage canceled?	☐ Yes ☐ No	
a. If Yes, explain:No Payment, Claims/Losses, Other:		
2. Have you had any Property claims in the past 3 years?	☐ Yes ☐ No	
a. Date of Loss?		
b. Types of Loss?		
c. Payout?		
d. Deductible at time of Loss?		
e. Status? (Open claim or Closed claim)		

IF NO-Please sign the following STATEMENT OF NO KNOWN CLAIMS OR CIRCUMSTANCES affidavit:

There are no known losses or claims that have not already been reported to a prior insurance carrier, or to any other source from which claims might be made; There is no knowledge of facts or circumstances that relate to an occurrence, wrongful act, or incident of any type, including those caused by incremental, continuous, or progressive damage; arising from any of the insured's operations,employees, or affiliates acting on the insured's behalf which could reasonably result in a claim, that have not been reported to a prior insurance carrier; There is no knowledge of any requests for information by anyone, including an attorney,which might result in a claim; and There is no knowledge of any prior insurance carrier refusing coverage for, or declining to accept a report of any occurrence, incident, threat of claim, letter of intent, adverse result notice, or attorney contact.

SIGNATURE: _____ DATE: _____

FRAUD STATEMENT:
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

WARRANTY STATEMENT:
THE UNDERSIGNED EXECUTIVE OFFICER, DIRECTOR, PARTNER, OR EQUIVALENT insured OR AUTHORIZED REPRESENTATIVE DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE. SIGNING OF THIS APPLICATION DOES NOT BIND THE insured TO THE INSURER TO COMPLETE THE INSURANCE.

I warrant that the information contained in this application is true, it becomes part of my insurance application, and is subject to the same warranties and conditions. This statement will form the basis of and be incorporated into the final policy, if issued.

THE insured AGREES TO NOTIFY US OF ANY MATERIAL CHANGES IN THE ANSWERS TO THE QUESTIONS ON THIS QUESTIONNAIRE WHICH MAY ARISE PRIOR TO THE EFFECTIVE DATE OF ANY POLICY ISSUED PURSUANT TO THIS QUESTIONNAIRE AND THE insured UNDERSTANDS THAT ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN BASED UPON SUCH CHANGES AT OUR SOLE DISCRETION. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. Insured's ACCEPTANCE OF THE COMPANY'S QUOTATIONS IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART OF THIS APPLICATION.

SIGNATURE: _____ DATE: _____