

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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.	Are prospective tenants subject to the following BGC, Income Verification, Criminal Check, Credit Check?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.	Does the insured utilize standardized lease agreements?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.	Are tenants required to carry renter's insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.	How often are occupied properties inspected?		
7.	Does your portfolio contain Vacant Properties?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.	Number of properties the Insured is planning to purchase in the next 12 months?		

Portfolio Overview		
Percentage of Portfolio:	Long Term Rental (> 6 Months):	
	Short Term Rental (< 6 Months):	
	Flip/Renovate and Sell (< 6 Months):	
	Buy/Hold Investment (> 6 Months):	
	Other (Please Describe):	

The following questions/answers apply for any/all locations in your portfolio:			
1.	Subsidized Rentals?	_ % of subsidized	
2.	Leased to students?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.	Utilize space heaters?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.	Have functioning smoke detectors and battery replacement procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.	Are properties compliant with all city/state housing codes?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.	Are properties in good condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7.	Have swimming pool or hot tub?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, how many? _____
8.	Offer single room rentals?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9.	Used as a Vacation or Seasonal Rental?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10.	Any Location over 4 units?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11.	Are used for anything other than a residential dwelling?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. If Yes, explain: No Payment, Claims/Losses, Other:	
2. Have you had any Property claims in the past 3 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Date of Loss?	
b. Types of Loss?	
c. Payout?	
d. Deductible at time of Loss?	
e. Status? (Open claim or Closed claim)	
<p>IF NO - Please sign the following STATEMENT OF NO KNOWN CLAIMS OR CIRCUMSTANCES affidavit:</p> <p><i>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.</i></p> <p>SIGNATURE: _____ DATE: _____</p>	

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: _____