



Requested Effective Date: _____

Applicant Information

Legal Owner Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address (if different from Above): _____

City: _____ State: _____ Zip Code: _____

Company Phone: _____ Company Website: _____

Contact Name: _____ Contact Email: _____

Contact Phone: _____ Contact Fax: _____

Type of Organization:	Individual	Corporation	LLC	Other
Requested Base Deductible:	\$2,500	\$5,000	\$10,000	\$25,000
Separate Wind Deductible (If available):		\$5,000	\$10,000	\$25,000

Portfolio Information

States Where Properties Are Owned: _____

Total Number of Properties Owned: _____

Additional Entities/Named Insureds/Additional Insureds: _____

Current Insurance Carrier(s): _____

Do you fix and flip homes? Yes No If so what percentage of your portfolio is rented vs flipped? _____

How is insured value determined? (i.e. per sq. ft., purchase price, cost basis) _____

Do you arrange inspection of properties prior to and/or after foreclosure of acquisition? Yes No N/A

(If yes, please provide details) _____

Have any of your properties experienced a property or liability insurance loss in the last 3 years? Yes No

If yes, please give details _____

What is the average time a property asset is held? _____

Have you ever had similar insurance declined, cancelled or non-renewed? Yes No

(Except Missouri) If yes, why? _____

Have you had a past conviction for arson, fraud, or other insurance related offense? Yes No

Have you filed for bankruptcy in the past 5 years? Yes No



Vacant Property

Do you have written procedures for the regular inspection of vacant properties?	Yes	No	N/A
How often are vacant property(ies) visited by the applicant, agent, or property management company?			
Property secured against entry?	Yes	No	
Previous owner/tenant access blocked?	Yes	No	
All utilities disconnected as needed?	Yes	No	
Property protected against freeze?	Yes	No	
On average, how long is a property vacant between tenants?	_____		
What is the maximum amount of time any dwelling has been vacant?	_____		

Property Management

Is a property management firm utilized?	Yes	No	
If yes, name of company:	_____		
Do you have a signed contract with the property management company detailing what is expected?	Yes	No	N/A
Do you have risk management procedures/practice/formal maintenance program? (If yes, describe):	Yes	No	N/A
Is there a signed rental agreement with all tenants?	Yes	No	N/A
Do you conduct a background check on all prospective tenants/occupants over the age of 18?	Yes	No	N/A
Are tenants required to carry a renter's insurance policy?	Yes	No	N/A
Have any properties had more than 3 tenants in the past year?	Yes	No	N/A
Do you abide by all state tenant/landlord laws?	Yes	No	N/A
Do you have written eviction procedures that comply with all applicable laws?	Yes	No	N/A
What is the typical response time when emergency repairs are needed?	_____		

General Information

Are any properties for sale?	Yes	No	
Do you have any student tenants?	Yes	No	N/A
If yes, does student housing exceed 20% of the total scheduled values?	Yes	No	N/A
Do you have subsidized renters?	Yes	No	N/A
If yes, please indicate building address(es)	_____		
Is any property rented on a seasonal or weekly basis?	Yes	No	N/A
Are all doors/sliding glass doors equipped with proper locks and dead locks?	Yes	No	
Does each dwelling have smoke detectors and/or fire extinguishers?	Yes	No	
Is there a procedure in place to replace smoke detector batteries?	Yes	No	
Does each dwelling have a minimum of two means of egress?	Yes	No	



Do any buildings have decks or balconies? Yes No

If yes, are they properly constructed with maximum 4" openings/pickets? Yes No

Do any properties have a swimming pool or in-ground spa? Yes No

If yes, are they properly fenced and secured with a self-latching gate? Yes No

Renovation and Contracting Information

Are any buildings undergoing renovations or reconstruction? Yes No

Please describe your typical renovation (if applicable) N/A

- a) Cosmetic? If yes, provide address(es) Yes No N/A
- b) Structural If yes, provide address(es) Yes No N/A

Do you use independent contractors? Yes No N/A

If yes, do you obtain a certificate of insurance? Yes No N/A

How long is the typical renovation period?

Prior to renovations are all necessary local permits pulled? Yes No N/A

Applicant Warranty:
 THE APPLICANT (ASSURED) AGREES TO MAINTAIN ACCURATE BOOKS AND RECORDS AND REPORTS FOR THE PURPOSE OF ESTABLISHING THE EFFECTIVE DATE OF COVERAGE FOR ANY PROPERTY TO BE COVERED UNDER THE POLICY APPLIED FOR AND TO PERMIT ACCESS TO SUCH RECORDS BY ANY REPRESENTATIVE OF THE UNDERWRITERS AFFORDING COVERAGE. FURTHER, APPLICANT WARRANTS THAT ALL THE INFORMATION ON THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE; AND APPLICANT UNDERSTANDS THAT IT IS THEIR RESPONSIBILITY TO READ AND COMPREHEND THE CONTENTS OF THIS APPLICATION, AND THAT ANY MATERIAL MISREPRESENTATION OR OMISSION WILL INVALIDATE COVERAGE. NOTE: THIS IS NOT A POLICY OF INSURANCE, THIS APPLICATION FORM IMPARTS NO COVERAGE WHATSOEVER. COVERAGE CAN NOT BE BOUND WITHOUT UNDERWRITER'S RECEIPT AND ACCEPTANCE OF THIS APPLICATION. THIS APPLICATION ATTACHES TO AND FORMS A PART OF ANY SUBCERTIFICATE OR CERTIFICATE OF INSURANCE AT THE TIME OF ISSUANCE.

Applicant Signature & Title _____

Date _____