

Real Estate Program Application

Named Insured:			
Mailing Address:		ZIP Code:	
Effective Date:			
Inspection Contact:			
Phone Number:		Fax Number:	
Producer Name:			
Producer Address:			

Prior Carrier Name:			
Expiring Premium:			
Expiration Date:			
Proposed Premium:			

Check one:						
Individual	Partnership	Corporation	LLC	Trust	Real Estate Mgmt.	Other

Insured Information

	Yes	No
Are you a developer or builder of the property to be insured?		
If yes, do you carry separate general liability insurance for these operations? Provide policy information for this policy		
Act as a property manager for any properties not included in this submission?		
Do you require your tenants to provide insurance for their units?		
Do you run background checks on tenants prior to renting to them?		
Years in business:		
Number of Owners:		
Additional Owners Names:		

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(One page required for each location)

Location Address:

Please include statement of values breakdown per location per building. Complete page attached.

Bldg Limit		Income Limit	
Contents Limit		Avg. Monthly Rent	
Property Deductible		Other Limit	

Building Construction:			
% Frame:		% Masonry Non-Combustible:	
% Joisted Masonry:		% Mod. Fire Resistive:	
% Non-Combustible:		% Fire Resistive:	
Bldg. Square Footage*		Year Built	
Number of Stories		Elec. Update Year	
Roof Update Year		HVAC Update Year	
Roof Type		Plumbing Update Year	
Protection Class		Plumbing Type	
		AA/RC/FRC/ACV	

* An additional charge/credit will be made for any discrepancy in Square footage or # of units discovered as the result of our site inspection.

Number of Buildings:		Residential Occupancy Rate:	%
Number of Residential Units:			
Number of Non-Residential Units:		Non-Residential Occ. Rate:	%
Non residential square footage:			
Non-Residential Occupancy Type/Name:			
1.	2.		
3.	4.		
5.	6.		
7.	8.		

ALL non-habitation tenants must provide a Certificate of Insurance with a minimum GL limit of 1,000,000/2,000,000 and insured must be named as additional insured

Losses

Please list below all losses within the past 5 years (Required prior to quote proposal):
3yr hard copy currently valued loss runs required prior to binding.

Year	# of property claims	# of liability claims	Open/ Closed	Property total incurred	Liability total incurred
Current					
1 st Prior					
2 nd Prior					
3 rd Prior					
4 th Prior					
Totals					

	Yes	No
Smoke detectors? Battery _____ Hardwired _____		
If battery detectors, do you have a maintenance procedure?		
Local fire annunciator panel or central station fire alarm?		
Is there a Pool and/or a Jacuzzi?		
If yes, how many? Pool _____ Jacuzzi _____		
If yes, are depths clearly visible?		
If yes, is Pool/Jacuzzi fenced with a self-latching gate?		
If Pool, is there a diving board and/or slide?		
Playground?		
Additional recreational facilities? Type:		
Laundry room?		
Is Laundry facility equipment leased? If yes, provide certificates of insurance.		

Additional Interest

Mortgagee:	
Additional Named Insured:	
Additional Interest Type:	
Mortgagee:	
Additional Named Insured:	
Additional Interest Type:	

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	Yes	No
Aluminum wiring?		
<i>If risk has aluminum wiring or aluminum pigtail wiring, it is not eligible for our program</i>		
Circuit breakers?		
<i>If no and on fuses, the risk is only eligible for our non-admitted program</i>		
Is there asbestos present in any building?		
Copper plumbing throughout?		
HVAC under maintenance contract?		
Any wood shake roofing or mansards?		
<i>If yes, this risk is not eligible for our program</i>		
Any wood shake siding?		
If yes, what % of the property is wood-shake siding?		
Is the Property occupied on a seasonal basis?		
If yes, how many months occupancy per year?		
Vacancy Rate (enter percentage)?		
Any marinas, marina operations or boat slips?		
Any ponds, lakes, streams or other body of water on premises?		
Is it fenced?		
Is the property required to carry flood insurance?		
Any parking?		
Type:		
Sq. ft.		
Service contract for fire protection equipment on the property?		
Any assisted living?		
<i>If yes, this risk is not eligible for our program</i>		
Any senior housing?		
If so, what percentage?		
Any student housing?		
If so, what percentage?		
Any HUD, section 8, financially assisted or subsidized rentals?		
Type?		
If so, what percentage?		
<i>If any of the following: student housing, HUD, section 8, financially assisted or subsidized rentals is greater than 25%, the risk is not eligible for our admitted program, but may be considered in our non-admitted program</i>		
Any commercial cooking and/or community eating areas?		
If yes, do they have a dry ansul system over the entire cooking Area and is it on a service contract (minimum of quarterly)?		

Is there a manual shut off installed?		
How often are the hoods and ducts cleaned?		
How often are the grease filters cleaned?		
Do they have a deep fat fryer?		
If yes, does it have a high temperature switch?		
Any childcare operations?		
Any Armed security services?		
Any onsite medical staff and/or nurse or nurse aide?		
Any onsite storage of chemicals or hazardous materials?		
Fire extinguishers?		
Fully sprinklered?		
If yes, does the sprinkler system contain earthquake bracing?		
Bars on windows? If so, what rooms?		
If so, are they equipped with emergency breakaway release mechanisms?		
Bars on doors?		
If there are railings, what is the spacing between rails (enter # of inches)?		
Does property meet all local zoning codes?		

Any person who knowingly and with intent to defraud any insurance company or another 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.

APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN OREGON – OREGON FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 may be a crime.

APPLICABLE IN TEXAS – TEXAS FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN WASHINGTON – WASHINGTON FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Signature

(Owner/Insured/Applicant): _____

