



Lessor's Risk Only Product Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: _____

Form of Business: Individual Corporation Partnership LLC Other _____

Location Address: _____ Same as mailing address.

City: _____ State: _____ Zip: _____

Description of Operations:

List the tenant(s) occupying the building: _____

All commercial tenants are required to carry insurance and the Owner/Property Manager obtains certificates of insurance confirming coverage True False

No tenant is a hospital, nursing home, assisted living facility, or any health care facility with an overnight or residential exposure. True False

The applicant occupies part of the premises True False

If true, please identify your operations _____

Property Section

Construction: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible
 Modified Fire-Resistive Fire-Resistive Other _____

Protection Class: _____

Requested Cause of Loss: Basic Special

Requested Valuation: Replacement Cost Actual Cash Value

Deductible: \$1,000 \$2,500 \$5,000

Coinsurance: 80% 90% 100%

Building Limit \$ _____

What year was the building constructed? _____

What is the square footage of the entire structure? _____ sq. ft.

Business Personal Property Limit \$ _____

Business Income with Extra Expense Limit \$ _____

Coinsurance per above OR Monthly Limit of Indemnity: 1/3 1/4 1/6

Liability Section

Limit: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

Number of apartment units _____

Number of stories _____

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant requires all commercial tenants to name the applicant as Additional Insured True False

If building is a single occupancy, applicant requires the tenant to be responsible for the condition of the pavements and curbs associated with the leased premises, including keeping such free of snow and ice True False

II. LOSS INFORMATION FOR THE PAST 3 YEARS

Property Coverages None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

Liability Coverages None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

III. ADDITIONAL PROPERTY INFORMATION

If the building is older than 10 years old, please complete the following:
 Age of roof _____yrs.
 Roof Type: Flat Wood Shake Shingle Metal Tile Slate Other _____
 Plumbing Type: PVC Copper Lead Galvanized Other _____
 What type of burglar alarm is on the premises? Central Station Local None

IV. ELIGIBILITY CRITERIA

1. Applicant is the owner of all properties True False
 2. No structural renovations ongoing or planned during our policy term True False
 3. No bankruptcies, tax or credit liens against the applicant in the last 5 years True False
 4. Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri) True False
 If False, advise reason _____

Property

1. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers N/A True False
 2. For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring N/A True False
 3. Functioning and operational smoke detectors in all units and/or occupancies True False
 4. Functioning and operational fire extinguishers readily available True False

General Liability

1. No commercial cooking with extinguishing systems not in compliance with NFPA #96 N/A True False

V. ADDITIONAL APPLICANT INFORMATION

Applicant's Mailing Address: _____ (if different than the location address above)
 City: _____ State: _____ Zip: _____
 Email Address of primary contact: _____ Phone: _____
 Inspection Contact Name: _____ Telephone/Email Address: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania 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 such person to criminal and civil penalties.

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

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____ Title: _____ Date: _____

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: _____ License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip Code: _____