

Client Information

Named Insured:

| | ' · · | |
|------------------------------|-------------------------------|---|
| Requested Effective Date | : | |
| Address | : | |
| Company Phone | : | Company Website |
| Primary Contact Name | : | Primary Contact Phone : |
| Primary Contact Email | : | |
| Broker Inf | formation | |
| Agency Name | : | Agency Network Affiliations |
| Producer Name | : | Are you a member of a broker network? If so, please populate here |
| Producer Phone | : | |
| ls the insured p | olanning on purchasing additi | onal properties during the policy period? |
| Y . N | If yes, how many? | |
| Does the insure application? | ed own properties in addition | to those being submitted with this |
| Y N | If yes, how many? | |



Broker Information

Does the insured fix and flip properties?

| N Less than 10% 11-25% 25%+ | | | |
|--|----------|---|--|
| What is the average amount of time a property is held (years)? Settlement Preference: | | | |
| | | | |
| Property Management | | | |
| Does the insured utilize a 3rd party property management company Website: | ? Y | N | |
| Does the insured manage properties on behalf of other companies? | Y | N | |
| How long has the insured been in the business of purchasing, renovating, and renting properties (years)? | | | |
| What percentage of properties are fully inspected (interior and exte prior to purchase? | rior) | | |
| Less than 10% 11-25% 26-50% 50%+ All | | | |
| Rental Information | | | |
| Does the insured utilize a standard lease agreement for the rentals? | Y | N | |
| Are all prospective renters subject to a background check? | Y | N | |
| Are all tenants required to purchase renter's insurance? | Y | N | |
| Are the insured's tenants allowed to own dogs? | Υ | N | |
| If Yes, Size/Breed Restrictions | | | |
| | . The le | | |



Rental Information

| are any of the pro | operties expo | sea to student | nousing? | | Y | N | |
|--------------------|---------------------------------|------------------------------------|---------------|---------------|-----------|------------|----|
| Are any of the pro | operties seaso | onal, short term | , or vacation | on rentals? | Υ | N | |
| What is the vaca | ncy rate for th | ne insured's pro | perties? | | | | |
| Less than 10% | 11-25% | 26-50% | 50%+ | | | | |
| Portfolio Re | novation a | nd Mainter | ance | | | | |
| What is the aver | age cost of re | novation per u | nit? | | | | |
| Below \$5k | \$5-10k | \$10-25k | \$25k+ | | | | |
| | d utilizes inde insured requ | pendent contra ire certificates | | | d to be f | ully insur | ed |
| How often are p | properties insp | pected? | | | | | |
| Monthly | Quarterly | Semi-Annı | ıally | Annually | | | |
| Insurance P | Program III | the insured has | a current in | surance prog | ram | | |
| Expiring Premiu | m : | | Current De | eductible : [| | | |
| Has there been a | a GL claim in t | he last 3 years? | , | | Y | N | |



Insurance Program

If the insured has a current insurance program

| Has there been a non weather-related claim over \$25k in the last 3 years? | Y | N |
|--|---|---|
| Have there been any tenant-caused damages which required a claim? | Υ | N |
| *Please provide the following: 3 years of currently valued loss runs | | |
| Has the insured ever had their insurance program non-renewed or canceled? | Υ | N |
| If yes, please explain | | |

| Property Deductible Preference (Per Occura | ance/Per Lo | cation) : | | |
|---|--------------|--------------|--------|------|
| Does the insured wish to purchase flood and | d/or earthq | uake covera | nge? Y | N |
| The general liability coverage offers a \$1M/\$ | 2M limit. De | oes the insu | red | |
| desire to purchase excess coverage? N | \$1M | \$2M | \$3M | \$5M |
| Additional Info: | | | | |

BINDING DISCLOSURE: No coverage is bound by this application.

The undersigned officer declares that to the best of their knowledge, the statements included herein and any documents submitted herewith are true, accurate and complete. The undersigned further agrees that if any information supplied herein or in connection with this application changes between the date of this application and the effective date of the insurance, the undersigned will notify the underwriters as soon as practicable and the underwriters may modify any quotations or agreements to provide insurance. Any intentional misrepresentation, concealment or omission of a material fact shall be grounds for cancellation, withdrawl, or denial of insurance coverage provided.

Name (Please Print)

Signature

Officer Title

Date



Building Information

| Are all buildings sprinklered? Y | | |
|--|--------|----|
| prinkler alarms? Local Central station N/A | | |
| lave any buildings been <u>Gut Rehabbed</u> ? Y N Year | | |
| lumber of elevators | Υ | N |
| Are circuits protected by circuit breakers? | Υ | N |
| Are there any fuses/Federal Pacific Stab-Lok/Zinsco panels? | Υ | N |
| Any plumbing with galvanized or polybutylene piping? | Y | N |
| s grilling permitted on balconies or patios within 15 feet of buildings? | Υ | N |
| s this a designated smoke free facility? | Υ | N |
| Are there stove-top fire suppression systems in each unit? Name: | Υ | N |
| Fire/Smoke alarms? N/A | | |
| ocal Central Station Manual Automatic | | |
| moke detectors in units: Battery operated Hard wired Hard wir battery k | - |) |
| moke detectors in common areas: N/A | | |
| Battery operated Hard wired Hard wired w/battery backup | | |
| ire extinguishers in: Units Common areas Laundry rooms Clo | ubhous | se |
| Do individual units have: N/A | | |
| Wood burning fireplaces Wood burning stoves Gas fireplaces | 5 | |
| If present, is there a program for annual flue/chimney cleaning? | Υ | N |
| Carbon monoxide detectors in units per city/state codes? | Υ | N |
| Liability Information | | |

Is there emergency lighting in hallways and stairwells?

JEB

Liability Information

Are there illuminated exit signs? Y N

| Is there a swimming pool? If yes, how many? # | Υ | N |
|---|---|---|
| If yes, is there a diving board? | Υ | N |
| If yes, is pool fenced with self-latching and self-closing gates? | Υ | N |
| If yes, is lifesaving equipment present at poolside? | Υ | N |
| If yes, is the pool depth clearly marked? | Υ | N |
| If yes, is the pool restricted to tenants and guests? | Υ | N |
| If yes, is the pool compliant with the Virginia Graeme Baker Act? | Υ | Ν |

Please list all recreational facilities such as playground equipment, exercise facilities, grills, etc.

| Is there a security guard on premises? Part-Time Full-Time No |) | | |
|---|---|---|---|
| If yes, is the security guard armed? | | Υ | N |
| If yes, is the security guard an independent contractor? | | Υ | N |
| If independent contractor, are certificates of insurance obtained? | | | N |
| If independent contractor, is applicant named as AI on policy? | | Υ | N |
| Are contractors used for maintenance, snow removal, landscaping, etc. | ? | Υ | N |
| If yes, are certificates of insurance obtained? | | Υ | N |
| If yes, is applicant named as AI on their policy? | | Υ | N |
| If yes, are minimum limits of \$1M/\$2M required? | | Υ | N |
| Are there solar panels on the premises? | | Υ | N |
| Is a nursery or day care facility located in the building or complex? | | Υ | N |
| Do you have any section 8 housing? | | Υ | N |
| Do you have any elderly or assisted living? | | Υ | N |