

Investor Information

Name of Applicant: _____

Name(s) of Servicing Subsidiaries: _____

Mailing Address: _____

Street Address: _____

Web Address: _____ Phone: _____ Fax: _____

Year Established: _____ Type of Business: _____

Officer: _____ Contact: _____

Has applicant ever been under receivership, conservatorship, or filed bankruptcy? Yes No

Check Coverage(s) Desired:

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Property | <input type="checkbox"/> Liability |
| <input type="checkbox"/> Loss of Rent | <input type="checkbox"/> Content |
| <input type="checkbox"/> Builder Risk | <input type="checkbox"/> Flood |
| <input type="checkbox"/> Earthquake | |

Do you desire coverage on property based upon:

- Appraised Value
 Last Known Amount of Coverage

Indicate desired basis of coverage:

- Replacement Cost
 Actual Cash Value

Deductibles Desired: Commercial: \$ _____

Residential: \$ _____

Current Coverage Information:

Check here if no current coverage is in place

Insurance Carrier: _____

Limit: \$ _____

Commercial Deductible: \$ _____

Residential Deductible: \$ _____

Commercial Rate: \$ _____

Residential Rate: \$ _____

Investment Property Portfolio Characteristics:

	Residential	Commercial	Mobile/ Manufactured Homes
Property Value:	_____	_____	_____
Average Value:	_____	_____	_____
Current Number of Properties in Portfolio:	_____	_____	_____
Expected Additional to Portfolio Over Twelve (12) Months:	_____	_____	_____

State Breakdown:	Outstanding Balance	Number of Mortgages	New Mortgages Next 12 Months
Alabama:	_____	_____	_____
California:	_____	_____	_____
Connecticut:	_____	_____	_____
Delaware:	_____	_____	_____
Florida:	_____	_____	_____
Georgia:	_____	_____	_____
Hawaii:	_____	_____	_____
Louisiana:	_____	_____	_____
Massachusetts:	_____	_____	_____
Maryland:	_____	_____	_____
Maine:	_____	_____	_____
Mississippi:	_____	_____	_____
North Carolina:	_____	_____	_____
New Hampshire:	_____	_____	_____
New Jersey:	_____	_____	_____
New York:	_____	_____	_____
Pennsylvania:	_____	_____	_____
Rhode Island:	_____	_____	_____
South Carolina:	_____	_____	_____
Texas:	_____	_____	_____
Virginia:	_____	_____	_____
All Other States:	_____	_____	_____

Important: Manufactured and mobile homes are excluded. Coverage can be purchased, but with a separate rate and deductible and for Actual Cash Value (ACV) only. Check here if this coverage is desired.

Property Portfolio Information:

Number of properties currently owned (attach portfolio distribution list by state): _____

Number of properties currently owned in the following categories:

Single Family Residential: _____ Condominiums/Apartment: _____

Commercial: _____ Mobile/Manufactured: _____

Other Underwriting Information:

From whom were these properties purchased? _____

Were these properties purchased separately or as a portfolio? _____

If occupied, what is the average yearly rent for these properties? _____

Do you make physical inspections of the properties? Yes No

Exterior and interior of properties inspected? Yes No

How often are inspections made? _____

Does inspection include safety and physical hazard at each location? Yes No

Important Notice: Policy requires monthly inspections to all vacant properties!

Are repairs made promptly to properties where a hazard to the public exists? Yes No

Is any outside firm contracted to make inspections? Yes No

Realtor Broker Management Firm Other

Are vacant properties properly secured? Yes No

Important Notice: Policy requires vacant properties are properly secured!

Are vacant properties winterized (e.g., heat left on, pipes drained)? Yes No

Does a property management company manage these properties? Yes No

Property management company's web site address: _____

How long has the property management company been in business? _____

Do any locations have a known pollution exposure? Yes No

Important Notice: Policy excludes pollution coverage!

Claims Information

Notice: It is critical that you provide currently valued loss runs (if applicable) with the submission to obtain a proposal.

List all losses below for past five (5) years. Use a separate piece of paper if necessary.

Date of Loss	Type of Loss	Amount Paid	State Open/Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Important:

The signed application warrants all information provided on this application is true and factual.

Signed applicant understands that it is their responsibility to comprehend the contents of the application and that any material misrepresentation or omission will invalidate coverage. This is not a policy of insurance, no coverage is provided without the consent of the underwriters in writing.

This application attaches to and forms a part of the policy.

Applicant's Signature: _____ Date: _____

Title: _____