

Lessor's Risk Dwelling Supplemental Application



AmTrust E&S Insurance Services
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Form of Business: Individual Corporation Partnership LLC Other (describe): _____

Description of Operations: _____

Section II – Eligibility Criteria

1. For any building built prior to 1978, 100% of electrical wiring is on functioning and operating circuit breakers True False
2. For any building built prior to 1978, there is no aluminum or knob & tube wiring True False
3. No owner-occupied, one-family dwelling locations True False
4. No locations that are Assisted Living or Group Home facilities True False
5. No locations that are boarding or rooming house True False
6. No location is a mobile home True False
7. No locations in which wood stoves, space heaters or temporary heating devices are used or permitted True False
8. No locations with swimming pools True False
9. No tenants have been evicted from premises in past six (6) months and no one is in the process of being evicted True False
10. All units and/or occupancies have functioning and operational smoke detectors and/or heat detectors True False
11. All units have functioning and operational carbon monoxide detection alarms if requested by law or code of the municipality in which the building is located True False

Section III – General Information

1. How many total units are there: _____
2. How is the dwelling rented? Annual Basis Monthly Seasonal/Timeshare
3. What is the average rent: 1BR: \$ _____ 2BR: \$ _____ 3BR: \$ _____
4. Do any of the following exposures exist on rental premises:
 - a. College/University student residents? Yes No
 - b. Subsidized residents (e.g., low income, section 8, rent subsidies, tax credits)? Yes No
 - c. Handicapped/Disabled housing facility? Yes No
 - d. Boarding or Rooming house? Yes No

If YES to any of the above, provide details:

5. Any 1 or 2 family dwellings that are currently vacant? Yes No
6. Any 3 or 4 family dwellings with an occupancy rate below 50%? Yes No
7. If YES to either question 17 or 18 above, will tenant(s) occupy within 60 days? Yes No

Section IV – Additional Exposures

1. Do any of the following exposures exist on rental premises:
 - a. Spas, Hot Tubs or Jacuzzi? Yes No
 - b. Lake or pond exposure (other than decorative)? Yes No
 - c. Owned docks/piers? Yes No
 - d. Playground equipment or other recreational devices, including trampolines or rebounding devices? Yes No
 - e. Exotic pets or animals? Yes No

If YES to any of the above, describe: _____
2. Is there a daycare operation on premises? Yes No
If YES, is Applicant named as additional Insured? Yes No
If YES, who is commercial general liability coverage written with: _____
3. Are any buildings undergoing renovations or reconstruction? Yes No
If YES, please describe:
4. Does the Applicant allow pets? Yes No
If YES, does insured require that dogs be restrained when outdoors? Yes No
5. Have any animal bite incidents occurred on any rental premises in the past five (5) years? Yes No

Section V – Safety Controls

1. Does the Applicant utilize a Real Estate Property Manager? Yes No
2. Are background checks conducted on all new tenants? Yes No
3. Does the applicant re-key all locks prior to leasing to new tenants? (not applicable if location rented on a seasonal or timeshare basis) Yes No
4. Do entry doors have peepholes and keyless deadbolts? Yes No
5. Is there a secondary means of egress provided if over two stories? Yes No
6. Is there a procedure in place to replace smoke detector batteries? Yes No
7. Has the applicant had any building code violations in the past five (5) years? Yes No
If YES, provide details and status:
8. Any Assault & Battery incidents during the past five (5) years? Yes No
9. Is there a schedule for inspections and maintenance of all facilities? Yes No
10. Are procedures in place to ensure adequate snow and ice removal, where applicable? Yes No
11. Is the insured responsible for maintenance of the property?
 If subcontracted out:
 - a. Is Applicant named as additional insured? Yes No
 - b. Are certificates of insurance required and records kept? Yes No
 - c. Minimum limit of liability: \$ _____

Section VI – Claims History

1. Please provide loss history for the past five (5) years.

Policy Period	Prior Carrier	Claim Count	Total Amount Paid	Amount Reserved
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: 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, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: 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 denial of insurance benefits.

NEW YORK: 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: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: 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 and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY