



Tenant Discrimination Reimbursement Insurance Application

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.

This application for Tenant Discrimination Reimbursement Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications.

1. GENERAL INFORMATION			
Name of Applicant			
List all branch/office locations on a separate page.			
Street address			
City, State, Zip		Phone	
Contact name:		Contact e-mail	
Website		Date established	
2. FORM OF BUSINESS			
Applicant is a(an):			
a. <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership/Joint Venture <input type="checkbox"/> Individual Proprietor <input type="checkbox"/> Public Agency <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other (Describe): _____ If Applicant is a corporation, state full corporation name: _____			
b. <input type="checkbox"/> Property Management Company <input type="checkbox"/> Property Owner <input type="checkbox"/> COA/HOA			
3. COVERAGE DESIRED			
a. Proposed Effective Date:			
b. Retroactive Date:			
c. Limit(s):			
d. Deductible(s):			
4. GROSS REVENUES			
	Current Fiscal Year ending / (current projected)	Last Fiscal Year ending /	Two Fiscal Years ago ending /
Total gross revenues	\$	\$	\$
5. OWNED/MANAGED PROPERTIES			
a. Number of locations: _____			
b. Number of residential units: _____			
c. Commercial square footage: Retail _____ s/f Office _____ s/f Industrial _____ s/f			
d. Is the Applicant seeking coverage for all properties disclosed in 5.a. through 5.c. above? If "No", please provide a complete list of properties for which coverage is requested.			<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>e. Is the Applicant seeking coverage for any other persons or entities? If “Yes”, please provide a complete list of persons/entities to be covered by the policy for which you are applying, with a description of each person’s or entity’s relationship to the Applicant.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>f. Does the Applicant, or any other person or entity proposed for coverage, own or manage any mobile homes, motels, hotels or franchise restaurants?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>g. Are any properties/units/locations for which the Applicant seeks coverage restricted to adults only, senior citizens, or any other protected class? If “Yes”, please explain in detail (use additional sheets if necessary):</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. REAL ESTATE DEVELOPMENT</p>	
<p>Is the Applicant, or any other person or entity proposed for coverage, involved in real estate development activities other than routine upgrades or renovations to leased premises? If “Yes”, please explain in detail (use additional sheets if necessary):</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. PERSONNEL</p>	
<p>If multiples entities are proposed for coverage, please list the number of employees per entity on a separate sheet.</p>	
<p>Number of employees: Full Time: _____ Part Time _____ Temporary/Seasonal: _____ Contractors: _____</p>	
<p>8. GENERAL LIABILITY INSURANCE</p>	
<p>Does the Applicant currently have General Liability coverage in force?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. RISK MANAGEMENT</p>	
<p>Does the Applicant have written anti-discrimination policies or written procedures in place for handling tenant discrimination complaints?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. CLAIM HISTORY</p>	
<p>If the answer is “Yes” to any of the following questions, please complete a Claim Supplemental Form for each claim or incident.</p>	
<p>a. Has any tenant discrimination claim been made against the Applicant, its predecessor(s), any current or former principal, partner, director, officer or employee thereof, or any other person or entity proposed for this coverage in the past five years? If “Yes”, state the number of claims in the past five years: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. After complete investigation and inquiry, does the Applicant, any principal, partner, director, officer or employee thereof, or any other person proposed for this coverage have knowledge of any act, fact, situation, incident, circumstance or allegation of discrimination that is or could be the basis for a tenant discrimination claim under the proposed insurance policy? Report knowledge of all such incidents to your current carrier prior to your current policy expiration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. ADDITIONAL INFORMATION</p>	
<p>Attach a narrative with any information which you feel will help expedite the underwriting of this application.</p>	
<p>ADA COMPLIANCE WARRANTY STATEMENT</p>	
<p>The Applicant warrants that all properties/units/locations for which coverage is being sought are accessible to the disabled in compliance with ADA regulations. Check all that apply:</p> <p><input type="checkbox"/> The above ADA Compliance Warranty Statement is true. <input type="checkbox"/> The Applicant is ADA Compliant. <input type="checkbox"/> The Applicant is non-ADA Compliant. <input type="checkbox"/> The Applicant is eligible for “grandfathered” ADA (property built prior to 1990 and no renovations).</p>	

NOTICE TO APPLICANT

The insurance for which you are applying will not respond to incidents about which any person proposed for coverage had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in questions 10.a. and 10.b of this application.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by claim expenses and, in such event, the Insurer shall not be liable for claim expenses or any judgment or settlement that exceed the limit of liability.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact, and that I agree that this application shall be the basis of the contract with the Underwriters.

CERTIFICATION AND SIGNATURE

The Applicant has read the foregoing and understands that completion of this application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this application is complete and correct to the best of the Applicant's knowledge and belief, and that all particulars which may have a bearing upon acceptability as a Tenant Discrimination Reimbursement Insurance risk have been revealed.

It is understood that this application shall form the basis of the contract should the Underwriter approve coverage and should the Applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to any question of this application, such information shall be revealed immediately in writing to the Underwriter.

This application shall be deemed attached to and form a part of the Policy should coverage be bound.

Must be signed by an officer of the company.

Print or Type Applicant's Name

Title of Applicant

Signature of Applicant

Date Signed by Applicant