

APPLICATION for: TENANT DISCRIMINATION LEGAL EXPENSE AND LOSS REIMBURSEMENT INSURANCE

Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

PLEASE NOTE: All questions must be answered. Use a separate sheet if necessary.

1. Name of Applicant: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____ Website: _____

List branch offices on a separate page.

3. Applicant is a(an):

- a) Corporation Partnership/Joint Venture Individual Proprietor Public Agency
 Limited Liability Company Other (Describe): _____

If corporation, state full corporation name: _____

- b) Property Management Company Property Owner

4. Coverage Requested:

a) Proposed Effective Date: _____

b) Limit Desired: _____

c) Retroactive Date Desired: _____

d) Deductible Desired: _____

5. Annual Revenues:

Current Year (estimate): _____ One Year Ago: _____ Two Years Ago: _____

6. Number of years in business: _____

7. All properties owned/managed by the Applicant:

a) Number of locations: _____

b) Number of residential units: _____

c) Commercial square footage: Retail _____ s/f Office _____ s/f Industrial _____ s/f

8. Is the Applicant seeking coverage for all properties disclosed in question 7 above? Yes No

If "No", please provide a complete list of properties to be covered under the proposed insurance.

9. Is the Applicant seeking coverage for any other person(s) or organization(s)? Yes No

If "Yes", please provide a complete list of persons/organizations to be covered under the proposed insurance with a description of each person's or organization's relationship to the Applicant.

10. Does the Applicant, or any other person or entity proposed for coverage, own or manage any mobile homes? Yes No

11. 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? Yes No

If "Yes", please provide details of the real estate development activities performed by the Applicant or any other person or entity proposed for coverage.

12. Number of Employees (if multiples entities are proposed for coverage, please list number of employees per entity on a separate sheet):

Full Time: _____ Part Time: _____ Temporary/Seasonal: _____ Independent Contractors: _____

13. Are any properties/units/locations for which the Applicant seeks coverage restricted to adults only, senior citizens, or any other protected class? Yes No

If "Yes", please describe: _____

14. Do you currently have General Liability coverage in force? Yes No

15. a) Does the Applicant have written anti-discrimination policies? Yes No

b) Does the Applicant have written procedures in place for handling tenant discrimination complaints? Yes No

16. Has any person or entity proposed for coverage been the subject in or involved in any tenant discrimination claims within the last five (5) years? Yes No

If "Yes", state the number of claims in the last five years: _____
Please complete a Supplemental Claim Form for each claim.

17. Is the Applicant, or any person or entity proposed for coverage, aware of any facts, incidents, circumstances, or allegations of discrimination which may result in a tenant discrimination claim? Yes No

If "Yes", please complete a Supplemental Claim Form.

18. Attach a narrative with any information which you feel will help expedite the underwriting of this application.

ADA COMPLIANCE WARRANTY STATEMENT

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 this box if the above ADA Compliance Warranty Statement is true.

1. The undersigned warrants and represents that the statements and information contained in or attached to this Application are true and complete, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application.

2. Signing of this Application does not bind the undersigned to complete the insurance; however, the Undersigned acknowledges and recognizes that the statements, representations, and information contained in or attached to this Application are material to the risk assumed by the Insurer; that any Policy will have been issued in reliance upon the truth thereof; that this Application shall be the basis of the contract should a Policy be issued; and that this Application, and all information and materials furnished to the Insurer in conjunction with this Application, shall be deemed incorporated into and made a part of the Policy, should a Policy be issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

3. The undersigned acknowledges and agrees that if the information supplied on this Application or in any attachments changes between the date of the Application and the inception date of the policy period, the Applicant will immediately notify the Insurer of such change, and, the Insurer may withdraw or modify any outstanding quotations and/or agreement to bind the insurance.
4. For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.

Signature of Applicant: _____ Title (Must be an executive): _____

Printed Name of Signor: _____ Date Signed: _____

Name of Broker: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Tel: _____

Note: Applicable surplus line tax payable in addition to premium.



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