Quick Quote Application For Lessor's Risk Insurance

Broker/Agency: _____ Email Address: _____
Effective Date: _____ Need by Date: _____ Target Premium: $ _____ Current Carrier: _____

Select Coverages Requested: ☐ Property & Liability ☐ Property Only ☐ Liability Only ☐ EQ

Excess of Primary $1mm/$2mm Liability Limit Requested: ☐ $5mm ☐ $10mm ☐ $25mm ☐ $75mm

Property Information:

Named Insured (NI): _____ Home State of NI: _____ EQ Zone: _____

Insured Location: _____ City: _____ State: _____ Zip: _____

Inspection Contact Name: _____ Inspection Contact Phone #: _____ Inspection Contact Email: _____

Property Type*: _____ Protection Class (1-10): _____ Occupancy Percentage: _____ # of Buildings: _____
*(i.e. Apartments, Condominiums, Light Industrial, Mixed-Use Apartment or Condo, Office, Retail, Self-Storage, Warehouse – Rents Rolls if Retail/Industrial)

Building Sq. Ft.: _____ Parking Sq Ft.: _____ Total Building Sq. Ft: _____ Type of Parking: _____

Construction Type (ISO 1-6): _____ Is the location within 2,500 feet of a Brush Area? ☐ No ☐ Yes # of Stories: _____

If above 3 Stories does each building have: ☐ Two (2) Enclosed Stairwells with Self Closing Doors ☐ Pull type "Life Safety" Alarm
☐ Hard-Wired Smoke Detectors ☐ Emergency Lighting & Lighted Exit signs in Interior Corridors

Roof Type: _____ Year Built: _____ Have there been any updates? (List year and type): _____

Building Value: $ _____ Annual Rents: _____ *or* HOA Dues/Fees: $ _____ Contents: $ _____

Electrical System: ☐ Circuit Breakers ☐ Fuses ☐ Aluminum Wiring Present Designated Historic Building? ☐ No ☐ Yes

Fire Sprinklers: ☐ Full (100%) ☐ Partial (80% or more) ☐ None Central Station Alarm ☐ Fire ☐ Burglary ☐ Both ☐ None

Has this Property sustained a loss during the past three (3) years? No ☐ Yes ☐ ☐ Carrier Loss Runs attached

Habitational Risks:

Please Complete the below section for any submission which includes a Habitational Risk (including Mixed-Use Apartment or Condo Risks)

# of Units: _____ # of Pools _____ Diving Board: ☐ No ☐ Yes # of Spas: _____ Management on site full time? ☐ No ☐ Yes

Do pool and spa areas follow local ordinances and safety requirements: ☐ No ☐ Yes ☐ N/A

Playground: ☐ No ☐ Yes # _____ Water Features (Ponds, Lakes, etc.) ☐ No ☐ Yes # _____

Is market rent being charged? ☐ No ☐ Yes Is there any Low Income/Subsidized Housing including Section 8? ☐ No ☐ Yes _____%

Is there any Single Room Occupancy: ☐ No ☐ Yes Are units rented on a daily/weekly basis? ☐ No ☐ Yes

Is this location an Assisted Living or Convalescent Home/Nursing Facility? ☐ No Yes ☐ If yes, are services provided? ☐ No ☐ Yes

Is this location a Student or Boarding House Facility? ☐ No ☐ Yes Is there Armed Security? ☐ No ☐ Yes

Is there a written and enforced no charcoal barbecue on balcony, patios or porches policy in place? ☐ No ☐ Yes

The Applicant, Agent and or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage or commit the Company to policy issuance. This form is to be used to provide an indication and does not replace the required full completed and signed applications at the time of binding.

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

Date: _____ Applicant: _____ Signature: _____