

# application

## investor information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Mailing: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physical: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Administrative Contact: \_\_\_\_\_ Executive Contact: \_\_\_\_\_  
 Email Address \_\_\_\_\_ Web Site Address: \_\_\_\_\_  
 REIA \_\_\_\_\_  
 Member?: \_\_\_\_\_ Title: \_\_\_\_\_  
 No. of Branches: \_\_\_\_\_ Loans (\$): \_\_\_\_\_

## portfolio information

**A. Provide a geographical breakdown, by state, of the location of properties in your portfolio (by county in Florida):**

\_\_\_\_\_

**B. Provide the following breakdown of the types of properties in your portfolio:**

Total Portfolio	Residential	Commercial	Mobile Homes	Other
Total values				Not Applicable
Highest individual property value				Not Applicable
Average time in portfolio				Not Applicable
Number of new properties last 12 months				Not Applicable

## insurance information

**A.** Do you currently have another insurance provider?  Yes  No

**B.** To allow us to assure there are no coverage deficiencies when changing carriers, please provide a complete copy of your current policy including any endorsements.

**C.** Please provide loss information below or attached a claims report from your current provider. (Last Three Years of Activity requested)

**D.** You may attach a computer print out from your current carrier or complete the following information regarding policies in force:

	Residential	Commercial	Mobile Homes	Foreclosed
Number of prop. insured				
Amt of coverage in force				
Losses paid				



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## questionnaire

A. Have you had insurance declined or cancelled by any carrier in the past 3 years?  Yes  No

If YES, please provide details: \_\_\_\_\_

B. Have you ever been under receivership, conservatorship or filed bankruptcy?  Yes  No

C. Please describe the property management procedures in place for the inspection of your properties: i.e., how often are properties inspected, what are your winterization procedures, windows boarded, etc.

Are vacant properties secured?

Interior and Exterior inspected?

How often?

Are vacant properties winterized (heat left on, pipes drained)?

Written report received?

Do inspections include safety and physical hazards at each location?

**PLEASE NOTE:**

**POLICY REQUIRES DOCUMENTED INSPECTIONS AND WINTERIZATION OF ALL VACANT PROPERTIES!**

D. Are there any unusual exposures?  Yes  No

If YES, please provide details: \_\_\_\_\_

E. When acquiring new properties, do you obtain a valuation?

Yes, describe \_\_\_\_\_

No

F. Are you expecting any changes in your portfolio during the next 12 months?  Yes  No

If yes, please provide details: \_\_\_\_\_

G. Are there any special needs that you would like met with your new insurance program?

*It is the responsibility of the applicant to read and understand the contents of this application. The applicant declares that all information in this application is true, correct and complete and that no material fact has been suppressed or misstated. The applicant further understands that incorrect or incomplete statements or information could void the coverage afforded under the "Policy" issued from the information contained in this application. The applicant also understands that this application and all information attached thereto becomes a part of their "policy", if issued.*

Signature of Applicant

Title

Signature of Agent/Broker

Date

## submission checklist

Signed Application...	<input type="checkbox"/>
Signed and Dated TRIA Form...	<input type="checkbox"/>
Complete copy of current policy...	<input type="checkbox"/>
Complete listing of properties (location, value, asset (or) force placed)...	<input type="checkbox"/>
Three year loss history from current and/or past carriers...	<input type="checkbox"/>



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## POLICYHOLDER DISCLOSURE

### NOTICE OF TERRORISM INSURANCE COVERAGE

**Insured:** \_\_\_\_\_ (Please print name)

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*. The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. The Terrorism exclusion that is applicable to this Policy still applies in full force and effect to any acts or events that are not included in said definition of “act of terrorism”. Furthermore, it is understood and agreed that this quotation is in conjunction with the overall Policy quotation and does not constitute an offer to provide stand-alone terrorism insurance.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS 90% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of <b>- for an additional premium.*</b>
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.*

\_\_\_\_\_  
Policyholder/Applicant's Signature

Certain Underwriters at Lloyds  
\_\_\_\_\_  
Insurer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\*The above is only valid if a policy of insurance is issued pursuant to application review and program acceptance by insured.