

COMMERCIAL PROPERTY – SUPPLEMENTAL APPLICATION

Applicant: _____

QUOTE REQUIREMENTS

In addition to fully completed Acord Application and Supplemental Application, the following information needs to be provided for account consideration:

- Plot Plan
Current Valued Hard Copy Loss Runs for past three years
Most Recent Property Appraisal
Photos
Condominium only - Current Budget
Condominium only - Doc's
Condominium only - Association president phone number

Note: If property is over 20 years old, please include information regarding any upgrades.

PROPERTY UNDERWRITING QUESTIONS

I. RESIDENTIAL OCCUPANCY

- Is the property considered a timeshare?
Is the property seasonal occupied?
Are locks changed between occupants?
Are short term rentals allowed?
Does any building contain mercantile or office occupancies?
Is any building or property for sale?
Condominium only - Are rentals allowed?
Apartment only - Does the insured maintain a formal lease or rental agreement signed by each tenant with a minimum of 7 months?
Apartment only - Are furnished units available?
Non- Residential only - What is the primary business of the occupants?

II. MANAGEMENT / OPERATIONS

- Is the named insured a developer or property manager?
Is there any existing, pending, or planned litigation with regard to building construction or repair?
Condominium only - Is condominium created pursuant to the Texas Uniform Condominium Act?
Apartment or Non-Residential only - Is building managed by a resident property manager, owner residing in the complex or property management company with a minimum of three years experience?

III. SAFETY/SECURITY

- Are there any current or recent cited violations of fire or life safety codes?
Are all units equipped with hard wired or battery type smoke detectors with procedure for maintaining in working order?
Are all buildings equipped with current tagged fire extinguishers which are properly mounted?

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IV. CONSTRUCTION

Is there any aluminum wiring in the buildings? Yes No

Is any building under construction, renovation or conversion? Yes No

Does any building contain lead paint in interior or exterior areas? Yes No

Does any building, exterior component, fixture or feature include exterior insulation and finish system (EIFS) or drivet construction? Yes No

If yes, please explain: _____

Do any buildings have wood or cedar shake roof/shingles? Yes No

Do any buildings have wallboard imported or suspected of being imported from China? (this includes drywall and plasterboard and is commonly referred to as "Chinese drywall") Yes No

Are there any known construction defects to the property? Yes No

V. BUILDING

Do any buildings have any existing damage? Yes No

Has applicant(s) ever reported any potential sinkhole, settlement, or cracking damage or loss to any building or other property or have any knowledge that any prior owner of any building reported any such damage or loss? Yes No

Does any building have cracking? Yes No

Have there been any updates to the building(s) Yes No

If yes, please describe: _____

VI. LOCATION

Is the property located in Flood zones A or V? Yes No

If yes, please provide effective date: _____

Is the property located within 2 miles of brackish water? Yes No

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APPLICANT'S SIGNATURE

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I hereby certify that I have read and answered all questions on the application and that all information is accurate and complete. I agree that such policy shall be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines. Further, I understand the company routinely requests credit reports on applicants.

Agreed Signature of Applicant

Date

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 AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

AGENT SIGNATURE

The undersigned hereby declares that to the best of my knowledge, all information contained herein is correct; that this form was completed with the applicant and signed by the applicant. I also certify that all questions on the application have been asked to and answered by the application. No coverage was bound by me until all questions were answered by the application and the application was signed by the applicant.

Signature of Agent

License Number

Date

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SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is already included in your current policy. You should know that under your existing coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States Department of Treasury pays 85% of covered terrorism losses exceeding the deductible established by the Treasury paid by the insurance company providing the coverage. You may elect to have terrorism coverage added to your policy.

- I acknowledge that I have been notified that under the Terrorism Risk Insurance Act, as amended, any losses caused by certified acts of terrorism under my policy coverage will be partially reimbursed by the United States Department of Treasury and I have been notified of the amount of my premium attributable to such coverage.
- I hereby elect to have the exclusion for terrorism coverage added to my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Agreed Signature of Applicant

Date