



Real Estate Investor Program Application

Client Information

- Application Date: _____
 - Named Insured: _____
 - Physical U.S. Address, (street, city, state, Zip Code): _____

 - Company Phone: _____
 - Company Website: _____
 - Type of Company: Corporation LLC LP Public Private Other _____
 - Decision Maker Title: _____
- Decision Maker Phone Number and Email Address: _____

Broker Information

- Agency Name _____
- Broker Name _____
- Broker Phone Number _____
- Network Affiliation(s): _____
Are you a member of a broker network (i.e. SIAA, Smart Choice, PIIB, etc.)? If so, please list.

Portfolio Information

***Please include with this application a Statement of Values, in Excel format, (SES SOV Template included) for all properties that the insured wishes to have covered with the following information: Street Address, City, State, Zip Code, Property Description (Single Family Dwelling, 2, 3, 4Fam, Condo, etc.), Units, Valuation Type (RCV, ACV), Insured Value, Construction Type, Year Built, Total Square Feet, and Additional Structures and their Valuation.**

- How is Insured Value determined? Per Sq. Ft. Cost Basis Market Value
- Is the insured planning on purchasing additional properties during the policy period?
Yes No If yes, How many? 1-5 5-10 10-20 20+
- Does the insured own properties in addition to those being submitted with this application?
Yes No If yes, How many? 1-5 5-10 20-50 50+
- Does the insured Fix and Flip Properties? less than 10% 10-25% 25-50% 50%+
- What is the average time a property asset is held (years)? 0-1 1-3 3-5 5+
- Settlement Preference: Replacement Cost Value (RCV) Actual Cash Value (ACV)
- Is the portfolio owned by multiple investors? Yes No
 - Is there a need for billing and payments by entity (Ownership, LLC, etc.)? Yes No
- Will this portfolio have properties with financing? Yes No

**Financing is not available for Excess Liability and Tenant Legal Liability as coverage is fully earned and non-refundable.*

- Will any of properties be paid through escrow (impound) account? Yes No

Please provide Lender/Mortgagee Name, Address, Loan# and list of properties to be paid through escrow (impound) on the Statement of Values.

Please send completed application to REI_Quotes@ses-ins.com. Thank you!

1851 E First Street, Suite 600, Santa Ana, CA 92705 **800-955-4737**CA License #0773864



Property Management

- Does the insured utilize a 3rd party Property Management Company? Yes No

Property Management Company Name: _____

Property Manager and Website _____

(Please provide the name(s) of the third party real estate management firm(s) utilized by the insured along with a copy of the management contract and the insurance requirements necessary.)

- Does the insured manage properties on behalf of other companies? Yes No
- How long has the insured been in the business of purchasing, renovating, renting properties?
1-5 5-10 10-20 20+ years
- Are all properties inspected prior to purchase? Yes No
- What percentage of new purchase properties are inspected?
less than 10% 10-25% 25-50% 50%+ ALL
- Are property inspections performed by a 3rd party? Yes No
- What is the inspection process? Exterior Only Interior & Exterior

Please provide a sample inspection report/checklist

Rental Information

- Does the insured utilize a standard lease agreement for the rentals? Yes No
- Are all prospective renters subject to a background check? Yes No
- Are all tenants required to purchase Renter's Insurance? Yes No
- Is the insured exposed to student housing? Yes No
- Does the insured "rent to own" properties to tenants? Yes No
- What is the vacancy rate for the insured's properties?
less than 10% 10-25% 25-50% 50%+
- On average, how long is a property vacant between tenants (days)?
less than 10 10-30 30-60 60-90 90+
- Does the insured rent to seasonal tenants? Yes No
- Are any of the properties short-term or vacation rentals? Yes No

Portfolio Renovation and Maintenance

- Does the insured renovate properties if needed? Yes No
- What is the average cost of renovation per unit? Below \$5K \$5-10K \$10-25K \$25K+
- Are the renovations: Cosmetic Structural
- How long is the typical renovation period (Days)? under 30 30-60 90+
- Does the insured utilize its own construction crew for renovation or does it hire independent contractors? Own Crew Independent Contractors
- If the insured utilizes independent contractors, are they required to be fully insured and does the insured require certificates of insurance? Yes No
- Does the insured maintain a maintenance schedule for its properties? Yes No
- How often are properties inspected? Weekly Monthly Quarterly Semi-annual

Please send completed application to REI_Quotes@ses-ins.com. Thank you!

1851 E First Street, Suite 600, Santa Ana, CA 92705 **800-955-4737**CA License #0773864



Insurance Program

If the insured has a current insurance program:

- Who is the current carrier _____
- Is the current insurance program on a Master Policy or Individual Property Policy basis?
- Have there been any losses in the past 3 years? Yes No

***Please provide the following: 3 years of currently valued loss runs.**

- Has the insured ever had their insurance program non-renewed or cancelled? Yes No
- If "yes" please explain:

- Property Deductible (Per Occurrence/per Location) Preference:
\$2,500 \$5,000 \$10,000 \$25,000
- Does the insured wish to purchase flood and/or earthquake coverage? Yes No

The General Liability coverage offers a \$1,000,000 / \$2,000,000 limit. Does the insured desire to purchase excess liability coverage? None \$1MM \$2MM \$3MM \$5MM Other

- Are any of the following exposures present at any of the insured's properties?
Swimming Pool Trampoline Playground sets
- Are the insured's tenants allowed to own dogs? Yes No
- If "yes" please describe any restrictions on size and breed:

Additional Information:

BINDING DISCLOSURE: No coverage is bound by this application.

The undersigned officer declares that to the best of their knowledge, the statements included herein and any documents submitted herewith are true, accurate and complete. The undersigned further agrees that if any information supplied herein or in connection with this application changes between the date of this application and the effective date of the insurance, the undersigned will notify the Underwriters as soon as practicable and the Underwriters may modify any quotations or agreements to provide insurance. Any intentional misrepresentation, concealment or omission of a material fact shall be grounds for cancellation, withdrawal or denial of insurance coverage provided.

Signature

Name (please print)

Officer Title

Signature

Date

Please send completed application to REI_Quotes@ses-ins.com. Thank you!

1851 E First Street, Suite 600, Santa Ana, CA 92705 **800-955-4737**CA License #0773864





Ready to go PRO?
Ensure your protection against tenant-caused damages.

Optional coverage starting at \$9/month per unit.

QBE Specialty Insurance Company Property Manager and Landlord Protection Application

Company Name: _____ **Effective Date Requested:** _____

Coverage

Coverage	Limit	Coverages Requested
Liability Coverage	\$100,000	Required

Liability protection from tenant-caused damages up to \$100,000 for the following perils:

- Fire
- Water
- Smoke
- Explosion

Portfolio Information

Multi-Family Units (ex. 3FAM = 3, 4FAM = 4, etc.)	#1-2 Stories:	#3+ Stories
Residential Units	#	
Mobile Home	#	

Please send completed application to REI_Quotes@ses-ins.com. Thank you!
1851 E First Street, Suite 600, Santa Ana, CA 92705 **800-955-4737**CA License #0773864

Underwriting

1. Do all tenant leases require liability Insurance? If "yes", limits required:	Yes	No
2. Vacancy Rates (last 12 months):	%	
3. Turnover rates (last 12 months):	%	
4. Property manager experience (years):		
5. Average deposit :		
6. Are dogs allowed (other than service animals)?	Yes	No
7. Average pet deposit amount :		
8. Inspections? If "yes", frequency:	Yes	No
9. Utilize on-site property managers?	Yes	No
10. Average rent (monthly):		

BINDING DISCLOSURE: No coverage is bound by this application.

The undersigned officer declares that to the best of their knowledge, the statements included herein and any documents submitted herewith are true, accurate and complete. The undersigned further agrees that if any information supplied herein or in connection with this application changes between the date of this application and the effective date of the insurance, the undersigned will notify the Underwriters as soon as practicable and the Underwriters may modify any quotations or agreements to provide insurance. Any intentional misrepresentation, concealment or omission of a material fact shall be grounds for cancellation, withdrawal or denial of insurance coverage provided.

Signature

Name (please print)

Officer Title

Signature

Date

Please send completed application to REI_Quotes@ses-ins.com. Thank you!

1851 E First Street, Suite 600, Santa Ana, CA 92705 **800-955-4737**CA License #0773864

State Fraud Warnings

Representation

It is represented to the Company, that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should we evidence its acceptance of this application by issuance of a policy. The undersigned hereby authorizes the release of claim information from any prior insurer to the Company.

Notice to AL, AR, DC, LA, MD, NM, RI AND WV applicants: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *applies in MD Only.

Notice to CO applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to the settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to FL and OK applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading statement is guilty of a felony (of the third degree)*. Applies in FL Only.

Notice to KS applicants: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Notice to KY, NY, OH and PA applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalties (not to exceed five thousand dollars and the stated value of the claim)* for each violation. *Applies in NY Only.

Notice to ME, TN, VA and WA applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *applies in ME Only.

Notice to NJ applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to OR applicants: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Notice to PR applicants: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Please send completed application to REI_Quotes@ses-ins.com. Thank you!

1851 E First Street, Suite 600, Santa Ana, CA 92705 **800-955-4737**CA License #0773864

Notice to all other states applicants: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Signatures

Producer's signature

Producer's named (please print)

State producer license number
(required in Florida)

Applicant's signature

Date

National producer number

Please send completed application to REI_Quotes@ses-ins.com. Thank you!
1851 E First Street, Suite 600, Santa Ana, CA 92705 **800-955-4737**CA License #0773864