

**Property Protection / Real Estate Owned / Investment
Application Form**

About You

Applicant's Name: <i>(this will appear on the Policy)</i>	
Mailing Address:	
Type of Business:	
Years in Business:	
Key Personnel:	

**Important: If you have less than 5 years in business, please provide resumes of key personnel and financials of the applicant*

Details of your in-force portfolio - attach a full Statement of Values please

No Acord applications please unless just single location coverage is needed.

Investment Portfolio Deals:	Count	Total Value	Rental Income	Typical Length of Lease (in months)	Ave Monthly Rents
a) Residential (1-4)					
b) Residential (1-4) Vacant					
c) Condo / Townhomes					
d) Residential Builders Risk					
e) Commercial Occupied					
f) Commercial Vacant					
g) Mobile Homes					
h) Other (explain)					
Total					
Please advise how Insured Value is determined:					

Is your portfolio static or do you anticipate adding / deleting during the next 12 months?

Static Not Static

If not static, i.e. you will be adding or deleting properties, please provide responses to the following:

Estimates for next 12 months:	Count	Value	Type (a-g from above list)	Geographics
Additional Properties				
Deleted Properties				

How do you care for your properties?

Please provide details of: Inspection process of properties prior to foreclosure or acquisition, if any:			
Upon acquisition or foreclosure, do you carry out inspections?	Yes No (If no, please explain)		
If so, do they include:	Fire Protection	Security	Condition
	Utilities	Maintenance	
Please provide details of any unrepaired or serious deterioration in any of your owned properties:			
Please provide details of any renovation or restoration work to be carried out:			

How do you care for your vacant properties?

Do you:	Change locks Yes No	Secure the buildings Yes No	
	Visit bi-weekly? If not, how often?	Yes No	
How long, on average, are your properties vacant?			
Do you appoint a property manager?	Yes No	Provide details:	
If so, do you require them to carry General Liability Coverage?	Yes No		
If so, how much do you require?	USD		Each Occurrence
	USD		Products / Completed Agg
	USD		General Agg

Claims Experience (5 years please): Please provide details of and Wind / Hail / VNM and large losses separately

Year	Count	Paid	Outstanding	Total Incurred	Any wind / hail losses?	Any VNM or water damage losses?
1)		\$	\$	\$	Y N	Y N
2)		\$	\$	\$	Y N	Y N
3)		\$	\$	\$	Y N	Y N
4)		\$	\$	\$	Y N	Y N
5)		\$	\$	\$	Y N	Y N
Total		\$	\$	\$	\$	\$

What coverage do you require?

Limit(s)	\$		
Deductibles:			
Who was your previous carrier?			
Have you been denied coverage?	Yes No	If Yes, why?	

Checklist

In-Force Values included?	
Loss Information provided?	

Declaration

By signing below, you are confirming that details contained herein are true and accurate at the time of signing.

Signed:	
Position Held:	
Dates:	