



Real Estate Investor Program Application

Client Information

- Requested Effective Date
- Named Insured
- Physical U.S. Address (Street, City, State, Zip)
- Company Phone
- Company Website
- Primary Contact Name
- Primary Contact Phone #
- Primary Contact Email Address

Broker Information

- Agency Name
 - Producer Name
 - Producer Phone #
 - Agency Network Affiliations
- Are you a member of a broker network (i.e. SIAA, Smart Choice, PIIB, etc.) If so, please select or populate other here:
- Is the insured planning on purchasing additional properties during the policy period? Yes No
 - If yes, how many?
 - Does the insured own properties in addition to those being submitted with this application? Yes No
 - If yes, how many?
 - Does the insured Fix and Flip Properties? No Less than 10% 11-25% 25%+
 - What is the average time a property is held (years)? 0-1 2-3 4-5 6+
 - Settlement Preference

Property Management

- Does the insured utilize a 3rd Party Property Management Company? Yes No
 - Website:
- 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 6-10 11-20 20+ years
- What percentage of properties are fully inspected (interior & exterior) prior to purchase?
Less than 10% 11-25% 26-50% 50%+ All

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
- Are the insured's tenants allowed to own dogs? Yes No
- Are any of the properties exposed to student housing? Yes No
- What is the vacancy rate for the insured's properties? Less than 10% 11-25% 26-50% 50%+
- Are any of the properties seasonal, short-term or vacation rentals? Yes No

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

18100 Von Karman Ave, 10th Floor, Irvine, CA 92612 **800-955-4737**CA License #0773864



Portfolio Renovation and Maintenance

- What is the average cost of renovation per unit? Below \$5k \$5-10k \$10-25k \$25k+
- Does the insured utilize its own construction crew for renovation or does it hire 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
- How often are properties inspected?
 - Monthly Quarterly Semi-annual Annual

Insurance Program

(If the insured has a current insurance program)

- Expiring Premium
- Current Deductible
- Have there been any non-weather related claims over \$25k in the last 3 years? Yes No
- Has there been a GL claim in the last 3 years? Yes No
- Has there been any tenant-caused damages which required a claim? Yes No
- ***Please provide the following: 3 years of currently valued loss runs.**
- Has the insured ever had their insurance program non-renewed or canceled? Yes No
 - If yes, please explain

- Property Deductible (Per Occurrence/Per Location) Preference
- 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? No \$1MM \$2MM \$3MM \$5MM

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



Ready to go PRO?

Protecting Rental Property Investors from Tenant-Induced Damages

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

QBE Specialty Insurance Company Property Manager and Landlord Protection Application

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, Smoke, Explosion, Water Damage

Portfolio Information

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

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):		

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 AK applicants: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Notice to AL applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Notice to AR, LA, RI AND WV applicants: 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.

Notice to AZ applicants: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Notice to CA applicants: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 DE applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Notice to DC applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to FL 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 information is guilty of a felony of the third degree.

Notice to ID applicants: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Notice to IN applicants: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Notice to KS applicants: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A "fraudulent insurance act" means an act committed by 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 personal or commercial insurance which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Notice to KY applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any 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.

Notice to NH applicants: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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 NM applicants: 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 civil fines and criminal penalties.

Notice to NY 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 any 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 penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

18100 Von Karman Ave, 10th Floor, Irvine, CA 92612 **800-955-4737**CA License #0773864

Notice to OH applicants: Any person who, with intent to defraud or knowing that he 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.

Notice to OK applicants: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to OR applicants: This entire policy shall be void, if whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.

Notice to 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 any 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 subjects such person to criminal and civil penalties.

Notice to PR applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Notice to 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 include imprisonment, fines and denial of insurance benefits.

Notice to TX applicants: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to VT applicants: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Notice to all other states applicants: 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.

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.

Producer's Signature

State producer license number (required in Florida)

National producer number

Producer's name (please print)

Producer's signature

Date

Applicant's Signature

Applicant's name (please print)

Officer title

Applicant's signature

Date