



## Tenant Discrimination Reimbursement Insurance Renewal Application

**THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.**

*This application for Tenant Discrimination Reimbursement Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications.*

1. GENERAL INFORMATION			
Name of Applicant			
List all branch/office locations on a separate page.			
Street address			
City, State, Zip		Phone	
Contact name		Contact e-mail	
Website		Date established	
2. FORM OF BUSINESS`			
Applicant is a(an):			
<input type="checkbox"/> Property Management Company <input type="checkbox"/> Property Owner <input type="checkbox"/> COA/HOA			
3. GROSS REVENUES			
	<b>Current</b> Fiscal Year ending        / (current projected)		<b>Last</b> Fiscal Year ending        /
Total gross revenues	\$		\$
4. OWNED/MANAGED PROPERTIES			
a. Number of locations: _____			
b. Number of residential units: _____			
c. Commercial square footage: Retail _____ s/f    Office _____ s/f    Industrial _____ s/f			
d. Is the Applicant seeking coverage for all properties disclosed in 4.a. through 4.c. above? <b>If "No", please provide a complete list of properties for which coverage is requested.</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Is the Applicant seeking coverage for any other persons or entities? <b>If "Yes", please provide a complete list of persons/entities to be covered by the policy for which you are applying, with a description of each person's or entity's relationship to the Applicant.</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Does the Applicant, or any other person or entity proposed for coverage, own or manage any mobile homes, motels, hotels or franchise restaurants?			<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are any properties/units/locations for which the Applicant seeks coverage restricted to adults only, senior citizens, or any other protected class? <b>If "Yes", please explain in detail (use additional sheets if necessary):</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>5. REAL ESTATE DEVELOPMENT</b>	
<p>Is the Applicant, or any other person or entity proposed for coverage, involved in real estate development activities other than routine upgrades or renovations to leased premises?  <b>If "Yes", please explain in detail (use additional sheets if necessary):</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. RISK MANAGEMENT</b>	
<p>In the past 12 months, have there been any changes to the Applicant's anti-discrimination policies or written procedures for handling tenant discrimination complaints?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. CLAIM INFORMATION</b>	
<p>In the past 12 months, has any tenant discrimination claim been made against the Applicant, any principal, partner, director, officer or employee thereof, or any other person or entity proposed for this coverage?  <b>If "Yes", state the number of claims in the past 12 months: _____</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ADA COMPLIANCE WARRANTY STATEMENT</b>	
<p>The Applicant warrants that all properties/units/locations for which coverage is being sought are accessible to the disabled in compliance with ADA regulations.  <b>Check all that apply:</b></p> <p><input type="checkbox"/> The above ADA Compliance Warranty Statement is true.  <input type="checkbox"/> The Applicant is ADA Compliant.  <input type="checkbox"/> The Applicant is non-ADA Compliant.  <input type="checkbox"/> The Applicant is eligible for "grandfathered" ADA (property built prior to 1990 and no renovations).</p>	
<b>NOTICE TO APPLICANT</b>	
<p><b>The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by claim expenses and, in such event, the Insurer shall not be liable for claim expenses or any judgment or settlement that exceed the limit of liability.</b></p> <p><b>I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact, and that I agree that this application shall be the basis of the contract with the Underwriters.</b></p>	
<b>CERTIFICATION AND SIGNATURE</b>	
<p>The Applicant has read the foregoing and understands that completion of this application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this application is complete and correct to the best of the Applicant's knowledge and belief, and that all particulars which may have a bearing upon acceptability as a Tenant Discrimination Reimbursement Insurance risk have been revealed.</p> <p>It is understood that this application shall form the basis of the contract should the Underwriter approve coverage and should the Applicant be satisfied with the Underwriter's quotation. It is further agreed that, if in the time between submission of this application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to any question of this application, such information shall be revealed immediately in writing to the Underwriter.</p> <p>This application shall be deemed attached to and form a part of the Policy should coverage be bound.</p> <p><b>Must be signed by an officer of the company.</b></p>	
Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant