

UMBRELLA APPLICATION

Real Estate

Producer ID _____
 User Name _____
 User Phone # _____
 User e-mail Address _____

1. General Information

a. Lead Named Insured _____
 b. Address (line 1) _____
 Address (line 2) _____
 City, State, ZIP code _____
 c. Employer Identification Number _____
 d. Proposed Effective Date _____
 e. List Other Named Insureds _____
 f. Insured ID _____
 g. Submission ID _____
 h. SIC Code _____
 i. NAIC Code _____

2. Business Operations

a. Number of years of management experience: _____
 b. Describe operations performed:

3. Schedule of Locations and Operations

Number of Locations: _____

Address	City	State	ZIP	Operation Type	Area (sq. ft)
1)					
2)					
3)					
4)					
5)					
6)					
7)					

Additional locations should be listed on an additional sheet of paper and attached to this application

4. Does any insured have any other business interests, operations or locations not listed on this application? Yes No

If Yes:

Entity	Business Type	Location
1)		
2)		
3)		
4)		
5)		

Additional business interests, operations or locations should be listed in the comments section of this application

5. Automobile Exposures

a. Number of PPT's: _____ o None

b. Commercial Vehicles

	Vehicles/Driving Radius		
	0 – 50	50 – 100	100+
Light Commercial			
Medium Commercial			
Heavy Commercial, excluding truck tractors			
Truck Tractors			

Total Commercial: _____

Total Vehicle Count: _____

c. Does the insured have vehicles registered in or employees located in any of the following states?

	Number of Vehicles			Employees
	PPT/Light/Medium	Heavy truck & tractor	Extra heavy truck & tractor	
Florida				
Indiana				
Louisiana				
New Hampshire				
South Dakota				

d. Has any driver of company vehicles had a DWI or DUI conviction in the past five- (5) years? Yes No

e. How many drivers of company vehicles have had their licenses suspended or revoked in the past five- (5) years? _____ o None

Name	License #	State	Violation History Detail
1)			
2)			
3)			

Additional drivers with suspensions or revocations in the last 5 years should be listed in the comments section of this application

f. Does the insured provide courtesy vehicles to guests? Yes No

If Yes:

1) Number of vehicles	_____
2) Number of delivery personnel	_____
3) Number of passengers	_____

g. Are there parking facilities with attendants and/or for a fee? Yes No

If Yes:

Is parking subcontracted to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1) Is there a contract indemnifying the insured and requiring insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Are certificates of insurance secured from the operator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Does the insured have any of the following exposures:

a. Swimming facilities? Yes No

If Yes:

1) Maximum number of children's pools per location	_____
2) Maximum number of adult pools per location	_____
3) Is there a lake?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Is there access to an ocean?	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Marina? Yes No

If Yes:

1) Number of berths	_____
2) Are boats rented to guests by the insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Describe exposure: _____	

c. Security personnel at any location? Yes No

If Yes:

1) Which location numbers?	_____
2) Number of employed security personnel	_____
3) Are employed security personnel armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Number of contracted security personnel	_____
5) Are contracted security personnel armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Are there contracts with security services indemnifying the insured and requiring liability insurance with limits of at least \$1,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Are certificates of insurance obtained in accordance with the contract provisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Are there guard dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Underlying Insurance Information

a. Schedule of Underlying

General Liability

Insurer _____
Policy Number: _____
Policy Period: from _____ to _____
Limits \$ _____ per occurrence
\$ _____ personal/ advertising injury
\$ _____ general aggregate
\$ _____ products/ completed
operations aggregate
Annual Premium \$ _____

Automobile Liability

Insurer _____
Policy Number: _____
Policy Period: from _____ to _____
Limits \$ _____ Combined Single Limit
Annual Premium \$ _____

D&O – Condo/Co-op Liability

Insurer _____
Policy Number: _____
Policy Period: from _____ to _____
Limits \$ _____ per _____
\$ _____ aggregate
Annual Premium \$ _____

Employee Benefits Liability

Insurer _____
Policy Number: _____
Policy Period: from _____ to _____
Limits \$ _____
Annual Premium \$ _____

Employers Liability

Insurer _____
Policy Number: _____
Policy Period: from _____ to _____
Limits \$ _____ each accident
\$ _____ disease policy limit
\$ _____ disease per employee
Annual Premium \$ _____

Lead Paint Liability

Insurer _____
Policy Number: _____
Policy Period: from _____ to _____
Limits \$ _____ per _____
\$ _____ aggregate
Annual Premium \$ _____

Liquor Law Liability

Insurer _____
Policy Number: _____
Policy Period: from _____ to _____
Limits \$ _____ per _____
\$ _____ aggregate
Annual Premium \$ _____

Pesticide/Herbicide Liability

Insurer _____
Policy Number: _____
Policy Period: from _____ to _____
Limits \$ _____ per _____
\$ _____ aggregate
Annual Premium \$ _____

Professional Liability

Insurer _____
Policy Number: _____
Policy Period: from _____ to _____
Limits \$ _____ per _____
\$ _____ aggregate
Annual Premium \$ _____

Other Liability

Insurer _____
Policy Number: _____
Policy Period: from _____ to _____
Limits \$ _____ per _____
\$ _____ aggregate
Annual Premium \$ _____

b. Are there any 3rd party liability policies other than those listed above? Yes No

- c. Do any of the underlying policies exclude punitive damages? Yes No
- d. Do any of the underlying policies have any modifications that add coverage or manuscript amendments to existing policy language? Yes No

If Yes:

1) What coverage has been added? _____
2) What modifications have been made to standard policy language? _____ _____

- e. Does the general aggregate limit apply per location/project? Yes No

If Yes:

1) Number of insured locations	
2) Maximum number of off-premises jobs at any one time	
3) Anticipated number of off-premises jobs in the next 12 months	

8. Loss Information

- Are there any individual or policy-year aggregate losses, paid or reserved, for amounts greater than \$100,000 during the last five-(5) full years for all lines other than property? Yes No

If Yes:

Date of Loss	Paid	Reserved	Type of Loss	Comments
1)				
2)				

Additional business interests, operations or locations should be listed in the comments section of this application

9. Expiring Umbrella Information

- Did the applicant carry any umbrella or excess liability coverage during the past policy year? Yes No

If Yes:

1) Insurer	
2) Limits	\$ _____
3) Premium	\$ _____

IRF Real Estate Group:

1. Property Exposures

A	B	C	D	E	F	G	H	I	J	K	L	M	N
<u>Master Loc. #</u>	<u>Property Type</u>	<u># Bldgs.</u>	<u># Stories</u>	<u>Construction Type</u>	<u>Bldg. Age</u>	<u>Gut-Rehab since 1978</u>	<u>Sprinklers</u>	<u>Smoke Alarms</u>	<u>Bldg. sq. ft</u>	<u>Comm sq. ft</u>	<u>Res. Units</u>	<u>% Vacant</u>	<u>Annual Rents</u>

1
2

Property Type: C (retail/wholesale); CC (condo/ co-op); M (industrial); O (office); RR (residential rental), S (senior housing/assisted living)
Construction Types: F (frame & brick veneer); B (brick and brick joisted); NC (masonry noncombustible); FR (fire resistive)

2. Risk Control

- a. Do all locations over one story have at least two means of egress from each floor other than an elevator? Yes No
- b. Do all locations have emergency lighting? Yes No
- c. How many locations have tenancy with cooking facilities? _____

A	B	C	D	E
<u>Master Loc. #</u>	<u>Dry Chemical (ANSUL) System in Kitchen?</u>	<u>Flue/Duct Cleaning Service Used?</u>	<u>How Often?</u>	<u>Automatic fuel shut off</u>

3. Construction work

- a. Does the insured do construction work beyond minor renovations and tenant build-outs? Yes No

If Yes:

1) Gut-Rehabs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Ground up construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Does the insured act as general contractor or construction manager for his or her own work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- b. Does the insured subcontract work for renovations and tenant build-outs and similar work? Yes No

If Yes:

1) Percent of work that is subcontracted		%
2) Do all subcontractor contracts indemnify the contractor and require the subcontractor to carry liability with limits of at least \$1,000,000?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Are certificates of insurance obtained in accordance with the terms of the contracts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Tenant Leases

- Do any locations have commercial tenants? Yes No

If Yes:

a. Do all tenant leases contain hold harmless agreements and indemnify the insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are certificates of insurance obtained from all non-residential tenants in accordance to the terms of the lease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Do you own or operate any parking garages, retail or wholesale operations? Yes No

6. Major Vendors (cleaning, security, elevators)?

a. Are there contracts with all major vendors indemnifying the insured and requiring liability insurance with limits of at least \$1,000,000? Yes No

b. Are certificates of insurance obtained in accordance with the terms of the contract? Yes No

Any and all information provided in connection with this application is warranted to be true, complete and contain no material misrepresentation of any kind that might reasonably be anticipated to affect the decision of whether or not to accept this applicant.

Correct

Incorrect

Comments: