CARRIER:

Personal Lines Rental Dwelling Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

South Carolina: THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

Coverage(s) Desired: ❑ Property only ❑ Property and personal liability

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: _____ DOB: _____

Form of business: ❑ Individual(s) ❑ Corporation ❑ Partnership ❑ LLC ❑ Trust ❑ Family Limited Partnership ❑ Other

How many total properties does the entity and or managing partner own? _____

Owner or managing partner *(if entity other than individual)*: _____ DOB: _____

Mailing address: _____

Email: _____ Phone: _____

Inspection contact name: _____ Email: _____ Phone: _____

Location address: _____

City: _____ State: _____ Zip code: _____

1. Have there been any property or liability losses in the past three years? ❑ Yes ❑ No

   If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet.

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
❑ Property ❑ Liability			$	$	❑ Open ❑ Closed
❑ Property ❑ Liability			$	$	❑ Open ❑ Closed
❑ Property ❑ Liability			$	$	❑ Open ❑ Closed

2. ❑ Owner occupied ❑ Tenant occupied ❑ Vacant ❑ Under renovations
3. Total number of dwelling units: _____
4. Describe occupancy: ❑ 100% occupied ❑ 100% unoccupied ❑ Partially occupied (provide number of occupied units)
5. If it is less than 50% occupied, will it be 100% occupied in the next 60 days? ❑ Yes ❑ No
6. Will there be any renovations or construction taking place during the policy term? ❑ Yes ❑ No
   a. If "Yes," provide a description and cost of work being done: _____
   b. Will a contractor other than the named insured be contracted to do the construction/renovations? ❑ Yes ❑ No
   c. Will the construction or renovations include structural demolition? ❑ Yes ❑ No
7. Is this location a row house or townhome? ❑ Yes ❑ No
8. How is the dwelling rented? ❑ Annual basis ❑ Seasonal/Timeshare/Short term
9. Liability limit requested: ❑ $100,000 ❑ $300,000 ❑ $500,000 ❑ $1 million

Property Coverage

Building Construction: ❑ Frame/Masonry veneer ❑ Joisted masonry			
Protection Class _____	Cause of Loss ❑ Basic (DP-1) ❑ Special (DP-3)	Deductible ❑ $1,000 ❑ $2,500 ❑ $5,000	Protective Devices ❑ Fire extinguishers ❑ Central fire ❑ Central burglar ❑ Local fire ❑ Local burglar ❑ Dead bolt locks ❑ Smoke detectors
What year was the building constructed? _____ Purchase date: _____ Purchase price: $ _____			
What type of plumbing is in the building? ❑ PVC or PEX ❑ Copper ❑ Galvanized ❑ Lead ❑ Other: _____			
What type of roof is on the building? ❑ Flat ❑ Wood shake ❑ Shingle ❑ Metal ❑ Tile ❑ Slate ❑ Other: _____			
What is the age of the roof? _____ years			
What is the square footage of the entire structure? _____ sq. ft.			
Coverage A – Building Limit: $ _____		**Coverage C – Personal Property Limit:** $ _____	

Optional Property Coverages (Only available in CT, GA, IL, IN, MI, MN, NY, OH, PA, SC and VA):

10. Select those that apply:
    - ❑ Vandalism and malicious mischief
    - ❑ Exclude coverage B other structures
    - ❑ Exclude coverage D fair rental value
    - ❑ Grave marker coverage
11. For owner occupied locations only:
    - ❑ Replacement cost on contents
    - ❑ Limited theft coverage (max. of $5,000) $ _____
    - ❑ Broad theft coverage (max. of 50% of coverage C amount) $ _____
12. Add wind and hail coverage for:
    a. Trees, shrubs and other plants $ _____
    b. Awnings, signs and outdoor radio/TV equipment (maximum limit: $5,000) $ _____

II. ELIGIBILITY CRITERIA

13. Are any tenants in the process of being evicted?		❑ Yes	❑ No
14. Are there student residents at any location?		❑ Yes	❑ No
15. For any building built prior to 1978, is 100% of the electrical wiring on functional and operating circuit breakers with at least 100 amps?	❑ N/A	❑ Yes	❑ No
16. For any building built prior to 1978, is there any aluminum wiring or knob and tube wiring?	❑ N/A	❑ Yes	❑ No
17. Does the individual, officer, partner, member or owner have any past, pending or planned bankruptcies, foreclosures, tax or credit liens or judgments for unpaid taxes in the last five years?		❑ Yes	❑ No
18. Is any location used as a rooming or boarding house, assisted living facility or group home?		❑ Yes	❑ No
19. Are there any heating sources present such as wood-burning stoves, pellet stoves or free-standing gas fireplaces? (traditional built-in fireplaces are acceptable)		❑ Yes	❑ No
20. Has there been a lapse, cancellation or non-renewal of coverage in the last 12 months?		❑ Yes	❑ No
If "Yes," length and reason for lapse/cancellation or non-renewal _____			
21. Are there any hazardous conditions at any location such as uneven sidewalks, broken or defective steps, handrails or porches or any accumulation of debris?		❑ Yes	❑ No
22. Is there a swimming pool on the premises?		❑ Yes	❑ No
a. If "Yes," is there a fence surrounding the pool at least four feet high with a self-closing gate?		❑ Yes	❑ No
b. Is there a diving board over four feet high or a waterslide?		❑ Yes	❑ No
23. Are any business activities taking place on the premises?		❑ Yes	❑ No
24. Are there any exotic pets, farm or saddle animals at the premises?		❑ Yes	❑ No
25. Has any location been purchased out of foreclosure within the last six months?		❑ Yes	❑ No
26. Is there any location with a trampoline? (IL and MI only)		❑ Yes	❑ No

27. Is there a dog at this location with a bite history, or trained as an attack or fight dog, or linked to one of the following breeds (either pure or mixed) Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pincher, German Shepherd, Pit Bull Terrier, Presa Canario, Rottweiler, Siberian Husky, wolf dog hybrid? (IL, GA, MI, PA, VA and MN only) ❑ Yes ❑ No
28. Has any building been purchased for less than $50,000 in the last 12 months? ❑ Yes ❑ No
29. Is the building boarded up or next to a boarded up property? ❑ Yes ❑ No
30. Is any location a mobile home? ❑ Yes ❑ No

Additional Insureds (AI = Additional insured, LP = Loss payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				❑	❑	❑
				❑	❑	❑
				❑	❑	❑

Mortgagee: _____

INFORMATIONAL DISCLOSURE

In connection with this application for insurance, we may review your credit report or obtain or use a credit based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. You may request that your credit information be updated and if you question the accuracy of the credit information, we will, upon request, reevaluate you based on corrected credit information from a consumer reporting agency.

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: 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.

California: For your protection California law requires the following to appear on this application. Fraud Statement: 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.

Colorado Fraud Statement: 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 a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida Fraud Statement: 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.

Kansas Fraud Statement: 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; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Statement: 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 or a denial of insurance benefits

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: 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.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky and Pennsylvania Fraud Statement: 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.

Tennessee, Virginia and Washington Fraud Statement: 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.

Fraud Statement (All Other States): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____

(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

New York Fraud Statement: 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.

Applicant's signature: _____ Title: _____

Date: _____

Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, **https://www.usli.com/privacy-policy/**.