



a Division of Financial & Professional Risk Solutions, Inc., CA, dba FPR Insurance Solutions, Inc. License 0G83953, TX License 15890
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INVESTOR APPLICATION

Investor Information

_____ Annual Rentals _____ Rehab to sell

Insured Name : _____ Telephone: _____

Mailing: _____ Facsimile: _____

City: _____ State _____ Zip _____

Physical _____

City: _____ State _____ Zip _____

Administrative Contact: _____ Executive Contact: _____

Email Address: _____ Email Address: _____

Property Manager (PM) _____ PM Address _____

PM Phone: _____ PM Email: _____

Portfolio Information

A. Provide a geographical breakdown, by state, of the location of properties in your portfolio:

B. Provide the following breakdown of the types of properties in the entire portfolio:

Total Portfolio	Residential	Commercial	Mobile Homes	Other
Total number of properties				
Total insurance values				
Highest individual property value				
Average time in portfolio				
Number of new properties last 12 months				

C. How are properties valued for insurance? (replacement cost, purchase price, market value, other)

D. What percentage of properties are rehabbed and sold?

E. What percentage of properties are rented?

F. Do you service properties for other inventors under a contract?

G. List any investors or companies that need to be named as an insured or additional insured or loss payee including address and identify relationship to Named Insured.

Insurance Information

A. Do you currently have another insurance provider? Yes No

B. Current insurance carrier name and expiration date

C. Please provide a complete copy of current insurance policy including any endorsements (If available).

D. Please provide loss detail information or attached a claims report from your current provider for past 3 years.

E. Please attach current portfolio schedule including address with zip code, description of property, insurance amount, and indicate any properties that are Section 8 Housing

	Residential	Commercial	Mobile Homes	Foreclosed
Number of properties insured				
Amount of coverage in force				
Losses paid				

F. Attach any mortgagee and description of properties.

G. Are tenants allowed to keep pets on any of the properties?

A. Have you had insurance declined or cancelled by any carrier in the past 3 years? Yes No

If YES, please provide details: _____

B. Have you ever been under receivership, conservatorship or filed bankruptcy? Yes No

C. Please describe the property management procedures in place for the inspection of your properties: i.e., how often are properties inspected, what are your winterization procedures, windows boarded, etc.

Are vacant properties secured?

Are vacant properties winterized? (Heat left on? Pipes drained?)

Interior and exterior inspected? How often?

Written report received?

Do inspections include safety and physical hazards at each location?

D. Are there any unusual exposures? Yes No

If YES, please provide details: _____

E. When acquiring new properties, do you obtain a valuation?

Yes, describe _____ No

F. Are you expecting any changes in your portfolio during the next 12 months? Yes No

If yes, please provide details: _____

G. Are there any specific coverages that you would like incorporated in a new insurance program?

Loss of Rental Income? _____

Flood Coverage? _____

Liability? _____

Sewer Back Up? _____

Ordinance or Law? _____

Applicant declares that to the best of their knowledge, the statements and documents submitted herewith are true, accurate and complete. Applicant agrees that if any information supplied herein changes between the date of this application and the effective date of the insurance, Applicant notify the Company as soon as practicable and the Company may modify any quotations or agreements to provide insurance.

Signature of Applicant Title Print Name Date

Company/Agency

Address:

Contact:

Telephone and Email:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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 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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

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

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

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.