

Real Estate Investor Program Application

Client Information

- Application Date: _____
- Named Insured: _____
- Physical Address, (street, city, state, Zip Code): _____

- Company Phone: _____
- Company Website: _____
- Type of Company: Corporation LLC LP Other _____
 Public Private
- Decision Maker Name: _____
- Decision Maker Title: _____
- Decision Maker Phone Number and Email Address: _____

Portfolio Information

***Please include with this application a Statement of Value for all properties that the insured wishes to have covered with the following information: property number, property description (single family dwelling, condo, etc.) street address, city, state, zip code, valuation type (replacement cost, market), valuation, construction type, year built, total square feet, and additional structures and their valuation (pools, etc.).**

- Is the insured planning on purchasing additional units during the policy period? Yes No
- If "yes" approximately how many? _____
- Total Insured Value of Portfolio: _____
- Property Value Preference: Replacement Cost Actual Cash Value Other _____
- Does the insured wish to purchase flood and/or earthquake coverage? Yes No
- Is the portfolio owned by multiple investors? Yes No
- If "yes" is there a single payment source? Yes No

Portfolio Management

- Are third party real estate management firms utilized? Yes No
- (Please provide the name(s) of the third party real estate management firm(s) utilized by the insured along with a copy of the management contract and the insurance requirements necessary.)**
- 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? _____yrs.
 - Are all properties inspected prior to purchase? Yes No
 - If "yes" does the insured have the inspections performed by a 3rd party? Yes No

- If "yes" please list the name(s) of the company(ies): _____
- If not all properties are inspected, what percentage are? _____%
- If inspected please describe the inspection process (exterior only, interior and exterior, etc.):

- If "yes" what percentage? _____%
- What is the average time a property asset is held? _____

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
- Is the insured exposed to student housing? Yes No
- Does the insured have subsidized renters? Yes No
- Does the insured "rent to own" properties to tenants? Yes No
- What is the vacancy rate for the insured's properties? _____
- On average, how long is a property vacant between tenants? _____
- Does the insured rent to seasonal tenants? Yes No
- Are any of the properties vacation rentals? Yes No

Portfolio Renovation and Maintenance

- Does the insured renovate properties if needed? Yes No
- If "yes" what is the average cost of renovation per unit? \$ _____
- On average are the renovations Cosmetic or Structural?
- How long is the typical renovation period? _____
- Does the insured utilize its own construction crew for renovation or does it hire independent contractors? Own Crew Independent Contractor
- If the insured utilizes independent contractors, are they required to be fully insured and does the insured require certificates of insurance? Yes No
- Does the insured maintain a maintenance schedule for its properties? Yes No
- How often are properties inspected? _____

Insurance Program

If the insured has a current insurance program:

- Who is the current carrier? _____
- Is the current insurance program on a Master Policy or Individual Property Policy basis?

***Please provide the following: 3 years of currently valued loss runs.**

Property Deductible Per Occurrence Preference (ex. CAT):

<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> Other
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- This coverage offers a \$1,000,000 / \$2,000,000 General Liability limit. Does the client desire to purchase excess liability coverage? Yes No

- If "yes" please indicate additional coverage limits desired:

<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> Other
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- Has the insured ever had their insurance program non-renewed or cancelled? Yes No

- If "yes" please explain:

Additional Questions

- Are any of the following exposures present at any of the insured's properties?

<input type="checkbox"/> Swimming Pools	<input type="checkbox"/> Trampolines	<input type="checkbox"/> Playground Sets
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- Are the insured's tenants allowed to own dogs? Yes No

- If "yes" please describe any restrictions on size and breed:

Portfolio Financing Questions

- Will this portfolio have properties with financing? Yes No
- If "yes" will any of properties be paid through escrow (impound) account Yes No
- If "yes" Please provide Lender/Mortgagee Name, Address, Loan# and list of properties to be paid through escrow (impound)

SMART CHOICE AGENT INFORMATION

Agency Name: _____

Broker Name: _____

Broker Phone Number: _____

Broker Email Address: _____

Date: _____

Signature

Title

Printed Name