

APPLICATION for: **TENANT DISCRIMINATION LEGAL EXPENSE AND LOSS REIMBURSEMENT INSURANCE**

PLEASE NOTE: All questions must be answered. Use a separate sheet if necessary.

1. Name of Applicant: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____ Tel: _____

List branch offices on a separate page.

3. Limits Desired: _____ Desired Effective Date: _____

4. Applicant is:

- a) Corporation Partnership Individual Proprietor Public Agency
 Other (Describe): _____

If corporation, state exact corporate name: _____

- b) Property Management Company Property Owner

5. Annual Revenues: Current Year (estimate) _____ One Year Ago _____ Two Years Ago _____

6. Number of years in business: _____

7. Property under management/ownership:

A. Number of locations: _____

B. Number of residential units: _____

C. Commercial square footage: Retail _____ s/f Office _____ s/f Industrial _____ s/f

8. Number of Employees:

Full Time _____ Part Time _____ Temporary/Seasonal _____ Independent Contractors _____

9. Are any units adult-only, senior citizen or restricted to any other protected classes? Yes No

If "Yes", please describe: _____

10. Do you currently have General Liability coverage in force? Yes No

11. Procedures:

- a) Does the Applicant have written procedures for the handling of tenant/other third party relations? Yes No
- b) Are these procedures included in a manual or handbook? Yes No
- c) Do they include anti-discrimination policies? Yes No
- d) Do they include procedures for handling complaints of discrimination by a tenant / other third party? Yes No
- e) Do the Applicant's facilities have access for the disabled in compliance with A.D.A. law? Yes No
- f) Is the company prepared to provide handicap accommodations to meet the state and federal accessibility standards? Yes No

12. Within the last five years, has any person or entity proposed for this insurance been the subject of or involved in any discrimination claim(s) made by a tenant/other third party? Yes No

If "Yes", how many event/claims were there in the last five years? _____
Please complete the Supplemental Claim Form for each such event.

13. Are you aware of any facts, incidents, or circumstances which may result in discrimination claims being made against you by a tenant/other third party? Yes No

If "Yes", please complete the Supplement Claim Form.

14. Attach a narrative with any information which you feel will help expedite the underwriting of this application.

Applicant warrants that its properties are in compliance with statutory and regulatory requirements for persons with disabilities.

Signature of Applicant: _____ Title (Must be an executive): _____

Printed Name of Signor: _____ Date Signed: _____

Name of Broker: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Tel: _____

A copy of this application will be attached to the Policy or Certificate and shall be the basis of the contract. Signature on this form does not bind Underwriters to grant this insurance.

Note: Applicable surplus line tax payable in addition to premium.