

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.**