



NAS Insurance Services, inc.

Application for: Tenant Discrimination Insurance (Claims Made Basis)

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 separate sheet.

3. Does Applicant have subsidiaries? Yes No

If "Yes," please list on a separate page.

4. Limits Desired: _____ Desired Effective Date: _____

5. Applicant is:

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

If corporation, state exact corporate name: _____

b) Is Applicant part of an affiliated group of entities? Yes No

If "Yes," describe: _____

- c) Property Management Company Property Owner

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

7. Number of years in business: _____

8. 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

d) Attach a separate sheet listing properties managed, address, and type of units with number of residential units and square footage of commercial properties for each location. Please provide a description of the locations under the commercial properties (i.e., offices, industrial, names of retail stores or restaurants, etc.).

9. Number of Employees:

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

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

If "Yes," describe: _____

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

12. 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 and anti-sexual harrassment policies? Yes No
- d) Do they include procedures for handling complaints of discrimination, harrassment, and wrongful eviction 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

13. Within the last five years, has any person or entity proposed for this insurance been the subject of or involved in any discrimination, harrassment, or wrongful eviction 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.

14. Are you aware of any facts, incidents, or circumstances which may result in discrimination, harassment, and wrongful eviction claims being made against you by a tenant/other third party? Yes No
If "Yes," please complete the Supplemental Claim Form.

15. 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.

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The Applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of the policy, it will immediately notify NAS Insurance Services, Inc. (16501 VENTURA BLVD, SUITE 200, ENCINO, CA 91436) of such changes. Signing of this application does not bind the Company to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made part of the policy should a policy be issued.

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

Printed Name of Signor: _____ Date Signed: _____

Name of Broker: _____

City : _____ State: _____ Zip: _____

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.



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LIC. #0677191