

**TENANT DISCRIMINATION LEGAL EXPENSE AND LOSS
REIMBURSEMENT INSURANCE**

Renewal Application

Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

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

4. 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 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., office, industrial, name of retail store or restaurant, etc.).

5. Are any units adult-only, senior citizen or restricted to any other protected classes?

If "YES", describe: _____

6. Have there been any changes to the procedures for the handling of tenant/other third party relations?

Yes No

7. Has the applicant notified NAS Insurance Services of all discrimination claims made by a tenant / other third party which have occurred in the past 12 months?

Yes No

None to Report

If "Yes", please indicate number of events/claims in the last 12 months: _____

If "No", please forward a completed Claim Supplement form immediately.

8. Optional Limits Desired: _____

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: _____