

CHARTIS E-EXCESS REAL ESTATE PROGRAM SUPPLEMENTAL APPLICATION

In order to obtain a quote, ALL questions must be answered in the corresponding sections that apply to this insured. Incomplete submissions will be declined.

Applicant Verification Details

Applicant Name:		
Trade Name:		
Address (Can NOT be a P.O. Box):		
City:	State:	Zip Code:
Total Employees (optional):	Sales (Domestic and Foreign Receipts):	
Year Established:	Insured Website URL (optional):	

Insured Information

Please provide a brief description of all of the insured's Operations:			
Additional Named Insured's: Please include list of Named Insured's as an attachment including description of operations as needed			
Is the First Named Insured a:	LRO Real Estate Owner (including Hotel/Motel) _____	Condominium, Cooperative or Homeowners Association _____	Real Estate Management Company _____

Policy Information

Effective Date: ____/____/____	Expiration Date: ____/____/____
Lead Umbrella Limit Requested: _____	

Expiring Insurance Information

If New Business submission , Expiring Lead Umbrella Limits: _____	Expiring Annual Umbrella Premium: \$ _____
If unknown, please select the reason: Carrier Unknown: _____	NONE - There is no expiring carrier for this risk: _____
If Renewal to AIG , Expiring Certificate No.: _____	

Program/Industry Questions

Does the primary contain any sub-limits less than (other than Medical Payments or Fire Legal) \$1,000,000?	YES ____	NO ____
Are all underlying Auto and General Liability policies on an occurrence form?	YES ____	NO ____
Are all underlying Auto and General Liability policies written with defense costs outside the Limit of Liability and unlimited?	YES ____	NO ____
Are all locations currently in compliance with all property statutes, local ordinances and building codes? If no, please explain:	YES ____	NO ____
Does the insured have any of the following exposures:		
Subsidized Housing	YES ____	NO ____
If Yes, are there any locations having more than 15% subsidized housing?	YES ____	NO ____
Assisted Living	YES ____	NO ____
Senior Housing	YES ____	NO ____
If Yes, are there any assisted living or medical services provided at these locations?	YES ____	NO ____
Student Housing (Example: dorms)	YES ____	NO ____
Mobile Homes, RV or Trailer Park	YES ____	NO ____
Enclosed Malls	YES ____	NO ____
If Yes, are there any enclosed malls 1 million square feet or larger?	YES ____	NO ____
Marinas (If yes, number of slips _____)	YES ____	NO ____
Nightclubs (including characteristics such as max. occupancy of 200 or more people, provides live entertainment, serves liquor, or has a cover charge)	YES ____	NO ____

Do exposures include any Armed Security personnel?	YES ____	NO
If Yes, are the armed security guards employees of the applicant?	YES ____	NO
If no, does the applicant require that the security service retain at least \$1M of liability coverage?	YES ____	NO
Broker/Administror MUST maintain a copy of the evidence of insurance if the armed security guards are contracted out		
Are all buildings at least 70% occupied?	YES ____	NO
If no, Please provide the reason that any building(s) is / are not at least 70% occupied at the time of the proposed effective date:		
Brand new construction or recently completed gut/rehab (<i>reason for less than 70% occupancy</i>)	YES ____	NO
If yes, Are all major construction activities completed as of the proposed effective date? (A temporary or final C.O. MUST have been issued and received)	YES ____	NO
There are vacant buildings in this submission (<i>reason for less than 70% occupancy</i>)	YES ____	NO
Other reasons (<i>provide details of the reason for less than 70% occupancy</i>):		

Fire, Life, Safety Information

Does the insured have a pool?	YES ____	NO
If yes, are there diving boards?	YES ____	NO
Do all units (not pertaining to Condominium or Cooperatives or Homeowners Association units) contain hard wired or regularly maintained battery powered smoke detectors?	N/A (all exposures are Condos, Coops, or HOAs) ____ YES ____	NO
Are there at least two means of egress per floor at all locations for all buildings over 2 stories?	N/A (all locations are under 3 stories) ____ YES ____	NO
Does application include buildings over 9 stories?	YES ____	NO
If Yes, are all buildings over 9 stories either Fully Sprinklered or one of the following construction types - Fire Resistive or Masonry Non-Combustible?	N/A (no buildings over 9 stories) ____ YES ____	NO
Does the application include any Frame Construction buildings taller than 4 stories?	YES ____	NO
Any buildings over 25 stories?	YES ____	NO

Hotel Exposures

Does the insured have Hotel Operations? (<i>If NO, proceed onto the next section</i>)	YES ____	NO
If Yes, is there any recreation other than swimming pools, in-house health club, or non-professional participation tennis courts in the hotels?	YES ____	NO
If yes, describe other recreation exposures:		
If yes to hotel, is there a restaurant on any of the premises?	YES ____	NO
If yes to restaurant, are Automatic Extinguishing Systems in place?	YES ____	NO
If yes to restaurant, are liquor receipts greater than 30% of the total restaurant receipts at each restaurant?	YES ____	NO

UNDERLYING COVERAGE INFORMATION

(applies to all locations – if more than one carrier, complete section below for each)

Information below to be supported by a hard copy of the underlying carrier's GL quote, binder and / or policy. – Quotes and binders must be on insurance carrier letterhead.

With respect to the Underlying General Liability coverage:			
1. Is the GL policy written with an ISO Form CG0001 or equivalent?	YES ____	NO	
2. Does the General Liability Include Hired & Non-owned Automobile Coverage?	YES ____	NO	If yes, HNO Limit \$ _____
- If yes, will Hired and Non-owned automobile losses erode (count against) any GL aggregate?	YES ____	NO	
- If yes, does Insured have employees using their own vehicles on company business on a regular basis?	YES ____	NO	
3. Is there a per location general aggregate?	YES ____	NO	If yes, per location Limit: \$ _____
- If Yes, is the Per Location Aggregate Capped?	YES ____	NO	If yes, Cap Limit \$ _____
4. Is the primary General Liability written with a SIR which is \$100,000 or greater?	YES ____	NO	If yes, SIR Limits \$ _____

Type	Carrier	Eff Date: (MM/DD/YY)	Exp. Date: (MM/DD/YY)	Policy Premium	Limits	
Automobile Liability				\$ _____	Each Accident (CSL):	\$ _____
Automobile Liability HIRED NON OWNED ONLY				\$ _____	(HNO):	\$ _____ Included in GL limits: ____ (Y/N)
General Liability				\$ _____	Each Occurrence:	\$ _____
					General Aggregate (Per location):	\$ _____
					Products / Completed Operations:	Excluded _____ Included _____ Separate limit: \$ _____
					Advertising Injury / Personal Injury (Each Offense):	\$ _____
Employers Liability				\$ _____	Bodily Injury by Accident: Bodily Injury by Disease (Each Employee): Bodily Injury by Disease (Policy Limits):	\$ _____ \$ _____ \$ _____
Liquor Liability				\$ _____	Each Common Cause Limit: Each Occurrence Limit: Aggregate Limit:	\$ _____ \$ _____ \$ _____
Employee Benefits Liability				\$ _____	Claims Made (Y/N): ____ If yes, Retro Date: _____ or Per Occurrence (Y/N): ____	\$ _____ \$ _____
					Per Person (Y/N): ____ Per Employee (Y/N): ____	
					Aggregate Limit:	\$ _____
Director's & Officer's Liability *				\$ _____	Each Claim: _____ Aggregate Limit:	\$ _____ \$ _____
Other:				\$ _____		\$ _____

**Only claims made D&O forms for Not-For-Profit Associations are to be scheduled to this policy. D&O for For-Profit organizations is not covered in this umbrella. D&O for Condominium Hotels is also not eligible.

Exposure Rating Section

<i>Please enter in all location exposures either by corresponding location(s) or sorted by Tier</i>		
Enter Name of Property Owner / Association (if different than Applicant) (Optional) _____		
Street Address _____		
City _____	State _____	Zip _____
Select Location Exposure (Y/N):		
<input type="checkbox"/> Vacant Land - Vacant land exposure must be part of a larger schedule of other qualifying locations and is to be incidental to the member's risk. It is expected that scheduled vacant land is not in use, not accessed by third parties and not leased to third parties - # of Acres _____		
If selected, are you aware of any activity of any kind on the vacant land resulting from a leasing arrangement with third parties or unauthorized access by third parties?		YES _____ NO _____
Habitational:		
____ Apartment Units - # of Unit(s) _____		
____ Condo/Coop/Townhome Associations with D & O - # of Unit(s) _____		
____ Condo/Coop/Townhome Associations without D & O - # of Unit(s) _____		
____ Single/Two Family Dwellings - # of Unit(s) _____		
Commercial:		
Are there any Storage/Warehouse occupancies?		YES _____ NO _____
If yes, Are any chemicals, explosives or high-hazard materials stored in the storage/warehouse?		YES _____ NO _____
____ Commercial Square Footage (Retail / Office) - # of Sq. Ft. _____		
____ Commercial Square Footage (Light Industrial / Warehouse) - Warehouses must be part of a larger schedule of other qualifying locations and must not have storage of any chemicals or other hazardous materials - # of Sq. Ft. _____		
____ Hotel/Motels - # of Unit(s) _____		
____ Golf Course - # of Unit(s) _____		
____ Other - Please describe: _____		

If any of the insured's automobiles are registered or principally garaged in any of the following states, please specify all applicable states:						
<input type="checkbox"/> None	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> LA	<input type="checkbox"/> NH	<input type="checkbox"/> VT	<input type="checkbox"/> WV *
*If WV was selected, does the insured currently carry at least \$1 million of UM/UIM primary limits for its WV auto exposures?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If no, we require \$1million primary UM/UIM for West Virginia exposure in order to include coverage in the umbrella. As such, our quote will exclude West Virginia automobile Liability coverage</i>						

Loss Information: *Must apply to all locations included in submission.*

General Liability

For General Liability and Products Liability, does the Aggregate Incurred Loss total for the last three (3) years exceed \$300,000? <i>(Loss total must be supported by 3 complete years of currently valued (w/in six months of the proposed effective date) loss runs or loss summary.)</i>	YES ____	NO
If the aggregate loss total exceeds \$300,000, please provide a primary loss summary or loss runs. (six (6) years - currently valued (within six months of the proposed effective date)).	YES ____	NO
For General Liability and Products Liability, have there been any individual incurred losses in excess of \$250,000 in the past three (3) consecutive years? <i>If yes, please provide details of such losses.</i>	YES ____	NO

Automobile

For Automobile Liability (if applicable), have there been any individual incurred losses in excess of \$250,000 in the past three (3) consecutive years?	YES ____	NO
How many incurred losses was in excess of \$100,000? _____		

Directors and Officers Liability

For Directors and Officers Liability (if applicable) have there been any incurred losses in the last three (3) consecutive years?	YES ____	NO
If yes, please provide a loss summary or loss runs – (three (3) years – currently valued within six months of the proposed effective date).		

New Purchases / New Construction

If any required loss information is not available for the last three (3) consecutive years, please select a reason:		
New Construction: _____	New Purchase: _____ Date of Purchase ____/____/____	Other, please describe:

Automobile Fleet Breakout

Does the applicant have any Owned Autos? (If No, proceed onto next section)	YES ____	NO
Type	# of Owned Units	Describe General Use
Private Passenger / SUV		
Light Truck – GVW 10,000 lbs. or less (without Passengers)		
Light Truck – GVW 10,000 lbs. or less (with Passengers) Including 1-8 Passenger Vans		
Medium Truck – GVW 10,001 - 20,000 lbs. (without Passengers)		
Medium Truck – GVW 10,001 - 20,000 lbs. (with Passengers) Including 9-20 Passenger Vans		
Heavy Truck (GVW 20,001 - 45,000 lbs.) <i>(Units not for hire)</i>		
Extra Heavy Truck and Tractor (Short Haul) Over 45,000 lbs <i>(Units not for hire)</i>		
Extra Heavy Truck and Tractor (Long Haul) Over 45,000 lbs. <i>(Units not for hire)</i>		
Does the insured own/operate any other vehicle types not listed above? Including but not limited to: School Buses, Buses with passenger capacity greater than 20, Heavy trucks, Limousines, Taxis, Rapid Delivery Operations (i.e. pizza, newspaper, and magazine), Gasoline Hauling, Waste/Red Label or Commodity II or IV Hauling?	YES ____	NO

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO COLORADO APPLICANTS: “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.”

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: “WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.”

NOTICE TO FLORIDA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.”

NOTICE TO LOUISIANA APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO MAINE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO OKLAHOMA APPLICANTS: “WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.” (365:15-1-10, 36 §3613.1)

NOTICE TO PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO TENNESSEE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

NOTICE TO VIRGINIA APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED.

SIGNATURE PAGE

ALL WRITTEN STATEMENTS, AND SUPPLEMENTAL MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT, HAVING MADE DUE INQUIRY (INCLUDING BUT NOT LIMITED TO DUE INQUIRY OF THE LEGAL AND RISK MANAGEMENT DEPARTMENTS), DECLARES THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN OR ATTACHED HERETO ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT HERETO) CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

THE UNDERSIGNED, ON BEHALF OF THE APPLICANT, AGREES THAT THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF ANY COVERAGE ISSUED BY US AND WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

This signature page attaches to and forms a part of application dated: _____

Applicant/Named Insured: _____

Signature of Applicant Date

Print Name: _____

Title: _____

Signature of Agent/Broker Date

Print Name: _____

Title: _____