

HARTAN REAL ESTATE UMBRELLA PROGRAM QUESTIONNAIRE

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.

Program Name:	Effective Date: ____/____/____
New ____ / Renewal ____	Lead Umbrella Limit Requested:
If New, Expiring Lead Umbrella Carrier:	
If New, Expiring Lead Umbrella Limits:	Expiring Annual Umbrella Premium: \$ _____
If Renewal, Expiring Certificate #:	

GENERAL INFORMATION (applies to all locations)

Applicant Name:		
Applicant Address:		
Named Insured's State of Domicile:		
Description of Operations:		
List Subsidiary Companies: (Provide attachment as needed)	Description of Operations (<i>if different from the named insured.</i>):	
1.		
2.		
3.		
Total # of Locations: ____	Total Sq. Ft (Residential + Commercial) _____	
Total # of Rental Units ____	Total # of Coop/Condo Units _____	
Total # of Hotel Units ____	Total Commercial Sq. Ft. _____	Total Acres of Vacant Land _____
Does the Insured have any of the following Exposures:		
◆ Subsidized Housing	[Y/N] ____	
◆ Assisted Living	[Y/N] ____	
◆ Senior Housing	[Y/N] ____	
◆ Student Housing (dorms)	[Y/N] ____	
Vacant Land	[Y/N] ____	(If yes, complete supplemental questions below)
Marina Exposure	[Y/N] ____	If yes, describe:
Gasoline Service Stations	[Y/N] ____	If yes, provide details:
Single Family Dwelling	[Y/N] ____	If yes, describe:
Pool Exposure	[Y/N] ____	If yes, are there diving boards? [Y/N] ____
		Is pool fenced and secured with self locking gates? [Y/N] ____
		Are safety signs displayed around the pool? [Y/N] ____
Does the insured require and maintain certificates of insurance, hold-harmless and indemnification agreements from all contractors and security personnel performing services on its premises? [Y/N] ____		
Are all locations currently in compliance with all property statutes, local ordinances and building codes? [Y/N] ____		
If no, Explain:		
Does the applicant have any armed security personnel? [Y/N] ____		
Do any locations contain nightclubs? [Y/N] ____		
Are all buildings at least 75% occupied? [Y/N] ____		
Are any buildings in excess of 3 stories of Frame Construction? [Y/N] ____		
Are all buildings in excess of 9 stories sprinklered? [Y/N] ____		
Do all buildings in excess of 9 stories have a central station fire alarm system? [Y/N] ____		
Do all units contain hard wired or battery powered smoke detectors? [Y/N] ____		
If smoke detectors are battery powered, does the insured have an inspection program in place to ensure proper functioning? [Y/N] ____		
Are there at least two means of egress at all locations? [Y/N] ____		
Does any building contain any aluminum wiring? [Y/N] ____		

For all buildings built prior to 1980, have the wiring/electrical, roofing and plumbing been updated in the last 15 years? [Y/N] _____

SUPPLEMENTAL QUESTIONS APPLICABLE TO SPECIFIC EXPOSURE
(applies to all locations)

COMMERCIAL EXPOSURES (if applicable)						
Total Commercial Square Feet:						
If yes, describe commercial occupancies (<i>circle one or more</i>)	Retail	Restaurant(s)	Office	Storage/ Warehouse	Light Industrial	Other
If Restaurant(s):						
Are any restaurant facilities "stand-alone" facilities?			[Y/N] _____			
Are they required to have Automatic Extinguishing Systems?			[Y/N] _____			
If Storage or Warehouse, are any chemicals, explosives or other high-hazard materials stored [Y/N] _____						
If "Light Industrial" please describe:						
If "Other" please describe:						
Does the insured have Hotel Operations? [Y/N] _____ (<i>If yes, complete hotel section below</i>)						
Does the insured operate any non-Lessor's Risk Only (LRO) commercial exposures other than their own offices? [Y/N] _____						
If yes, explain:						

CONDOMINIUM / CO-OP D & O EXPOSURES (if applicable)	
# of Units with D & O:	# of Units without D & O:
Is the developer on the Board of Directors? [Y/N] _____	Is there a negative fund balance? [Y/N] _____
Has the Applicant and its Subsidiaries adopted and implemented discrimination processes and procedures, including formal procedures for handling and reporting of complaints? [Y/N] _____	

HOTEL/MOTEL DESCRIPTION (if applicable)	
Any recreation other than swimming pools, in-house health club, or non-professional participation tennis courts? [Y/N] _____	
Are there any Nightclubs on premises? [Y/N] _____	Are any off-site catering services performed? [Y/N] _____
Are any locations within 100 feet of oceans or lakes? [Y/N] _____	
Is there a restaurant on the premises? [Y/N] _____	If yes: Are Automatic Extinguishing Systems in place [Y/N] _____
If yes:	
Total restaurant receipts: \$ _____	Total liquor receipts: \$ _____

VACANT LAND DESCRIPTION (if applicable)	
Provide # of Acres:	# of Locations:
Describe the vacant land (<i>include physical description, use, future plans etc.</i>):	
Is any development / construction planned in the next 12 months? [Y/N] _____	
Is this land ever leased out to a third party? [Y/N] _____	If yes, Describe:
Confirm that all vacant land is not accessed or utilized by anyone for any activity such as Biking, Hiking, Hunting, use of All-Terrain vehicles, Horseback riding, Parking, Storage etc. Confirm Not Accessed or Utilized (check here) _____	

AUTO EXPOSURE (if applicable)		
Type	# of Owned Units	Describe General Use
Private Passenger / SUV		
Light Van (1-8 Passengers)		
Medium / Pick-up Trucks		
Buses (1-20 Passengers)		
Other (Describe)		
Totals:		
Any Shuttle Exposure? [Y/N] _____		
If yes, what is the maximum number of passengers, per vehicle, transported by shuttle services.		
Describe:		

Information Requirements to be attached to this application

- 5 Years of Currently Valued (within 6 months of the proposed effective date) Carrier Loss Runs applicable to all location.
- Copy of Underlying Carrier GL quote, binder and /or policy – Quotes and binders must be on Insurance Carrier letterhead.

UNDERLYING COVERAGE INFORMATION

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

* With respect to the Underlying General Liability coverage:

Is there an SIR? [Y/N] _____ If yes, SIR Limits \$ _____	Is there a deductible? [Y/N] _____ If yes, Ded. Limits: \$ _____
Is the GL Aggregate Limit per location?: [Y/N] _____	Is the GL Aggregate Limit uncapped?: [Y/N] _____
Is the GL defense outside of policy limits?: [Y/N] _____	

Type	Carrier	Eff Date: (MM/DD/YY)	Exp. Date: (MM/DD/YY)	Policy Premium	Limits	
Automobile Liability				\$ _____	Each Accident (CSL):	\$ _____
General Liability *				\$ _____	Each Occurrence:	\$ _____
					General Aggregate:	\$ _____
					Products / Completed Operations:	\$ _____
					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 Claim:	\$ _____
Employee Benefits Liability				\$ _____	Each Claim: ____ or Each Occurrence: ____	\$ _____
Director's & Officer's Liability				\$ _____	Each Claim: ____ or Each Occurrence: ____	\$ _____
Other:				\$ _____		\$ _____

LOSS INFORMATION

(applies to all locations)

INCLUDE FIVE (5) YEAR LOSS HISTORY, CURRENTLY VALUED WITHIN 6 MONTHS OF THE PROPOSED EFFECTIVE DATE, AND PROVIDE DETAILS OF ANY LOSSES OF \$50,000 OR MORE FOR ALL LOCATIONS.

(Quotes are Subject to Receipt of favorable Loss History)

SUMMARY – GENERAL LIABILITY

POLICY YEAR	NO. OF CLAIMS	TOTAL INCURRED	EXPENSES	VALUATION DATE
2005 / 2006				
2004 / 2005				
2003 / 2004				
2002 / 2003				
2001 / 2002				
2000 / 2001 *				

* REQUIRED IF PRIOR 5 YEAR LOSSES EXCEED \$500,000 IN TOTAL INCURRED

SUMMARY – AUTO LIABILITY (for all vehicles)

POLICY YEAR	NO. OF CLAIMS	TOTAL INCURRED	EXPENSES	VALUATION DATE
2005 / 2006				
2004 / 2005				
2003 / 2004				
2002 / 2003				
2001 / 2002				

SUMMARY – DIRECTORS & OFFICERS (D & O)

POLICY YEAR	NO. OF CLAIMS	TOTAL INCURRED	EXPENSES	VALUATION DATE
2005 / 2006				
2004 / 2005				
2003 / 2004				
2002 / 2003				
2001 / 2002				
2000 / 2001 *				

* REQUIRED IF PRIOR 5 YEAR LOSSES EXCEED \$500,000 IN TOTAL INCURRED

INDIVIDUAL LARGE LOSSES GREATER THAN \$50,000

POLICY YEAR	DATE OF LOSS	DESCRIPTION	TOTAL INCURRED	COVERAGE (GL, AUTO, D & O)

ADDITIONAL COMMENTS:

APPLICATION COMPLETED BY:

Signature: _____

Date: _____

Print Name: _____

Title: _____

All statements in this application are true and accurate. All information provided, including loss and underlying information is complete and applies to all locations that are part of this submission.

LOCATION INFORMATION

(Complete for EACH location or provide a separate spreadsheet/application for EACH location with the corresponding Property Information as outlined below.)

Property Owner / Association <i>(if different from Applicant)</i> :		
Location address:		
Year built:	If built prior to 1980, date last updated: Electrical _____ Plumbing _____ Roofing _____	
Number of Stories: _____		
Occupancy		
Percent Occupancy: _____ %		
Fire, Life, Safety Information:		
Construction Type: _____ Frame _____ JM _____ Masonry _____ Non-Combustible _____ Fire Resistive _____		
Fully Sprinklered [Y/N] _____	Partially Sprinklered [Y/N] _____	Located:
Central Station Fire [Y/N] _____	Smoke Detectors in each Unit [Y/N] _____	
Emergency Lighting [Y/N] _____	Number of exits for egress _____	
Total Square Feet _____	Sq. Ft.	Rental Apartments _____
		Condo / Coop _____ w/ D&O [Y/N] _____
		Hotel _____
Total Commercial Sq. Ft _____	Sq Ft.	Retail _____
		Office _____
		Warehouse _____
		Industrial _____