

QUOTE   
BIND   
FINANCING

# 1-4 FAMILY DWELLING APPLICATION

*TO OBTAIN A QUOTATION OR COVERAGE ALL QUESTIONS MUST BE ANSWERED*

1. NAME OF APPLICANT: \_\_\_\_\_ SSN: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE
2. INSPECTION CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_
3. LOCATION OF RISK: \_\_\_\_\_  
STREET ADDRESS  
CITY STATE ZIP CODE COUNTY
4. INTEREST IN PREMISES:  OWNER OCCUPIED  OWNER NON-OCCUPIED  TENANT
5. EXPIRING CARRIER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ PREMIUM: \_\_\_\_\_
6. NUMBER OF YEARS IN APARTMENT MANAGEMENT/OWNERSHIP: \_\_\_\_\_  
IF LESS THAN 3 YEARS AT THIS LOCATION, LIST PREVIOUS EXPERIENCE: \_\_\_\_\_
7. ARE ALL UNITS OCCUPIED:  YES  NO IF "NO", HOW MANY ARE VACANT? \_\_\_\_\_
8. IS APPLICANT, OWNER OR CORPORATION NOW OR EVER INVOLVED IN:  NONE  
 BANKRUPTCIES  FORECLOSURES  TAX LIENS  BUSINESS FAILURE  ANY LITIGATIONS  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_
9. SUPPLEMENTAL INFORMATION:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| ANY POLICY AND/OR COVERAGE DECLINED OR CANCELLED IN THE PAST 3 YRS?                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU BEEN CITED WITH ANY FIRE AND/OR BUILDING CODE VIOLATIONS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| COPPER WIRING AND CIRCUIT BREAKERS THROUGHOUT BUILDING?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| COPPER PLUMBING THROUGHOUT?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY WOOD SHAKE ROOFING OR MANSARD?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY MARINAS, MARINA OPERATIONS OR BOAT SLIPS?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY SENIOR HOUSING OR ASSISTED LIVING?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY STUDENT HOUSING? IF YES, WHAT PERCENTAGE: _____  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY HUD OR SECTION 8? IF YES, WHAT PERCENTAGE: _____   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY ASSISTED RENTAL HOUSING?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY PRIOR CONSTRUCTION DEFECTS OR MOLD EVIDENCE UNCOVERED?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## ADVANCED E&S GROUP – MIDWEST REGION

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ANY CHILD CARE OPERATIONS?  YES  NO  
 ANY COMMERCIAL COOKING AND/OR COMMUNITY EATING AREAS?  YES  NO  
 ANY ON-SITE MEDICAL STAFF AND/OR NURSE OR NURSES AIDE?  YES  NO  
 ANY ON-SITE STORAGE OF CHEMICALS OR HAZARDOUS MATERIALS BY A TENANT?  YES  NO  
 HVAC SYSTEM UNDER MAINTENANCE CONTRACT?  YES  NO  
 ACT AS PROPERTY MANAGER FOR ANY PROPERTIES NOT INCLUDED IN THIS SUBMISSION?  YES  NO  
 IS YOUR PROPERTY REQUIRED TO CARRY FLOOD INSURANCE?  YES  NO  
 ANY UNDERGROUND PARKING? IF YES, SQ FT: \_\_\_\_\_  YES  NO  
 IS THERE A SWIMMING POOL?  YES  NO  
 ANY RENOVATIONS, DEVELOPMENT PLANS OR OTHER CONSTRUCTION ACTIVITIES BEING PERFORMED OR PROPOSED DURING THE POLICY TERM? IF YES, PLEASE LIST  YES  NO  
 DO YOU HAVE A SERVICE CONTRACT FOR FIRE PROTECTION EQUIPMENT?  YES  NO  
 DO YOU REQUIRE YOUR TENANTS TO PROVIDE INSURANCE FOR THEIR RENTAL UNITS?  YES  NO  
 DO YOU REQUIRE YOUR COMMERCIAL TENANTS TO PROVIDE INS. FOR THEIR UNITS?  YES  NO  
 DO YOU RUN BACKGROUND CHECKS ON TENANTS PRIOR TO RENTING?  YES  NO  
 DO YOU HAVE MORE THAN 15% OF THE UNITS AVAILABLE FOR RENTAL LESS THAN AN ANNUAL TERM? IF YES, WHAT % \_\_\_\_\_  YES  NO

**10. BUILDING SECTION:**

PROTECTION CLASS: \_\_\_\_\_

YEAR OF BUILDING: \_\_\_\_\_ CONSTRUCTION: \_\_\_\_\_ NO. OF STORIES: \_\_\_\_\_

YEAR OF: WIRING: \_\_\_\_\_ PLUMBING: \_\_\_\_\_ HEATING: \_\_\_\_\_ ROOFING: \_\_\_\_\_

ADJACENT/ABUTTING EXPOSURES:

NORTH: \_\_\_\_\_ SOUTH: \_\_\_\_\_ EAST: \_\_\_\_\_ WEST: \_\_\_\_\_

SMOKE DETECTORS?  YES  NO IF YES ⇨  ELECTRIC  BATTERY POWERED

FIRE ALARM?  YES  NO IF YES ⇨ TYPE: \_\_\_\_\_

BURGLAR ALARM?  YES  NO IF YES ⇨ TYPE: \_\_\_\_\_

SPRINKLER SYSTEM?  YES  NO IF YES ⇨ AGE: \_\_\_\_\_ TYPE: \_\_\_\_\_

CARBON MONOXIDE DETECTORS?  YES  NO IF YES ⇨ AGE: \_\_\_\_\_ TYPE: \_\_\_\_\_

**11. PROPERTY SECTION:**

BUILDING LIMIT: \$ \_\_\_\_\_ CO-INS % \_\_\_\_\_  ACV  RC DED. \$ \_\_\_\_\_

CONTENTS LIMIT: \$ \_\_\_\_\_ CO-INS % \_\_\_\_\_  ACV  RC DED. \$ \_\_\_\_\_

CAUSE OF LOSS:  BASIC  SPECIAL  SPECIAL WITH THEFT

BUSINESS INCOME: \$ \_\_\_\_\_ CO-INS % \_\_\_\_\_ OR MONTHLY LIMITATION \_\_\_\_\_

BUSINESS INCOME WITH EXTRA EXPENSE  YES  NO IF NOT ANSWERED, WILL BE RATED WITHOUT

GLASS BREAKAGE:  YES  NO LIMIT: \$ \_\_\_\_\_ DED. \$ \_\_\_\_\_

BACK-UP OF SEWERS & DRAINS:  YES  NO LIMIT: \$ \_\_\_\_\_ DED. \$ \_\_\_\_\_

12. **GENERAL LIABILITY SECTION:**

LIABILITY OCCURRENCE LIMIT:  \$ 300,000  \$ 500,000  \$ 1,000,000

AGGREGATE LIMIT:  SAME AS OCCURRENCE  DOUBLE OCCURRENCE

SQUARE FOOTAGE: TOTAL BUILDING: \_\_\_\_\_ No. OF APT UNITS: \_\_\_\_\_

PLEASE LIST ALL OTHER OCCUPANCIES & SQ FT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ON/OFF PREMISE PARKING:  YES  NO IF YES ⇨ LIST ADDRESS AND SQUARE FOOTAGE: \_\_\_\_\_

ANY OTHER ON OR OFF PREMISE EXPOSURES NOT LISTED ABOVE:  YES  NO

IF YES ⇨ DESCRIBE: \_\_\_\_\_

13. **ADDITIONAL INTERESTS:**

MORTGAGEE AND ADDRESS 1<sup>ST</sup> \_\_\_\_\_

CHECK IF NONE 2<sup>ND</sup> \_\_\_\_\_

ADDITIONAL INSUREDS 1<sup>ST</sup> \_\_\_\_\_

CHECK IF NONE 2<sup>ND</sup> \_\_\_\_\_

3<sup>RD</sup> \_\_\_\_\_

14. **CLAIMS SECTION:**

LIST ALL CLAIMS FOR THE PAST FIVE (5) YEARS (MUST INCLUDE HARD COPY LOSS RUNS):

PROPERTY CLAIMS: \_\_\_\_\_

\_\_\_\_\_

GENERAL LIABILITY CLAIMS: \_\_\_\_\_

\_\_\_\_\_

I DELARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO FINES AND/OR IMPRISONMENT. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

AS PART OF OUR UNDERWRITING PROCEDURES, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, AND CREDIT HISTORY. UPON YOUR REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PRODUCING AGENT

\_\_\_\_\_  
AGENCY NAME AND ADDRESS