SOUTHERN SPECIALTY UNDERWRITERS, LLC.
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Apartment Product Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name:_____

Form of business: ❑ Individual ❑ Corporation ❑ Partnership ❑ LLC ❑ Other _____

Location address:_____ ❑ Same as mailing address

City:_____ State: _____ Zip: _____

Description of Operations:

How many individual units are there at this location? _____

Is any portion dedicated for commercial occupancy? ❑ Yes ❑ No

If "Yes," what is the area dedicated for commercial occupancy? _____ sq.ft.

Is this space: ❑ Occupied or ❑ Vacant

Is this space: ❑ Operated by applicant or ❑ Leased to others

Are there any student residents at any location? ❑ Yes ❑ No (Not applicable in D.C.)

If "Yes," the percentage of student residents at any location does not exceed 20% ❑ True ❑ False

Are there any subsidized residents at any location? ❑ Yes ❑ No (Not Applicable in CA, CT, DC, ME, MA, NJ, OR, UT, VT, WI)

If "Yes," the percentage of subsidized residents at any location does not exceed 20% ❑ True ❑ False

Property Section

Construction: ❑ Frame ❑ Joisted masonry ❑ Non-combustible ❑ Masonry non-combustible ❑ Modified fire-resistive ❑ Fire-resistive ❑ Other _____

Protection class:_____

Requested cause of loss: ❑ Basic ❑ Special

Requested valuation: ❑ Replacement cost ❑ Actual cash value

Deductible: ❑ $1,000 ❑ $2,500 ❑ $5,000

Coinsurance: ❑ 80% ❑ 90% ❑ 100%

Building limit $_____

What year was the building constructed? _____

What is the square footage of the entire structure?_____sq. ft.

Business personal property limit $ _____

Business income with extra expense limit $ _____

❑ Coinsurance per above OR Monthly limit of indemnity:❑ 1/3 ❑ 1/4 ❑ 1/6

Is the building fully protected by an operational sprinkler system covering 100% of the premises? ❑ Yes ❑ No

Liability Section

Occurrence limit: ❑ $100,000/$200,000 ❑ $300,000/$600,000 ❑ $500,000/$1,000,000 ❑ $1,000,000/$2,000,000

Number of swimming pools _____ Number of playgrounds _____ Number of sports courts _____

Is there a lake? ❑ Yes ❑ No If "Yes," how many acres? _____

Is there a full-time maintenance staff or superintendent on premises? ❑ Yes ❑ No

Does the applicant utilize a real estate property manager? ❑ Yes ❑ No

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				❑	❑	❑
				❑	❑	❑
				❑	❑	❑

II. LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages ❑ None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____

Liability Coverages ❑ None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____

III. ADDITIONAL PROPERTY INFORMATION

If you own the building and it is older than 10 years old, please complete the following:

Age of roof_____yrs.

Roof type: ❑ Flat ❑ Wood shake ❑ Shingle ❑ Metal ❑ Tile ❑ Slate ❑ Other _____

Plumbing type: ❑ PVC ❑ Copper ❑ Lead ❑ Galvanized ❑ Other _____

What type of burglar alarm is on the premises? ❑ Central Station ❑ Local ❑ None

IV. ELIGIBILITY CRITERIA

1. No bankruptcies, tax or credit liens against the applicant in the past five years		❑ True ❑ False
2. Applicant is the owner of all properties		❑ True ❑ False
3. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri) If "False," advise reason_____		❑ True ❑ False
4. All development and construction operations are complete, no part is still in course of construction and no structural renovations are ongoing or planned during our policy term		❑ True ❑ False
5. No locations in which wood-burning stoves, space heaters or temporary heating devices are used or permitted for use		❑ True ❑ False
6. No boarding or rooming houses		❑ True ❑ False
7. All habitational units have functioning and operational carbon monoxide detection alarms if required by the law or code of authorities having jurisdiction where the building is located		❑ True ❑ False
8. No location with an age restrictive covenant		❑ True ❑ False
9. Occupancy is at least 70% occupied at each location (not applicable if location has been newly constructed or purchased by applicant – within the last 12 months)		❑ True ❑ False
10. No assisted living or group home facilities		❑ True ❑ False
11. No location is being converted into condominium units		❑ True ❑ False
12. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers	❑ N/A	❑ True ❑ False
13. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring	❑ N/A	❑ True ❑ False
14. A minimum of an initial 6-month lease is required for all new tenants		❑ True ❑ False
15. No tenants have been evicted from the premises in the past 6 months and no one is in the process of being evicted.		❑ True ❑ False

Property

1. Functioning and operational fire extinguishers located in all units		❑ True ❑ False

General Liability

1. No more than 100 units per location (not to exceed 500 total units)		❑ True ❑ False
2. No armed security guards		❑ True ❑ False
3. Applicant re-keys or will re-key all locks prior to leasing to new tenants (not applicable if rented on seasonal/timeshare basis)	❑ N/A	❑ True ❑ False
4. Any building over three stories is equipped with a fully enclosed, fire protected stairwell or a fully functioning fire escape	❑ N/A	❑ True ❑ False
5. Any security bars on windows are equipped with internal safety release mechanisms	❑ N/A	❑ True ❑ False
6. Any building over seven stories is 100% sprinklered	❑ N/A	❑ True ❑ False
7. Swimming pools are completely surrounded by fence with a self closing gate, depths are clearly marked, signs clearly posted, life safety equipment is readily available, with no diving boards	❑ N/A	❑ True ❑ False
8. All common areas and parking lots lit at night	❑ N/A	❑ True ❑ False
9. All exterior common doors, including exterior storage areas, are locked and secured from unauthorized entry	❑ N/A	❑ True ❑ False

V. ADDITIONAL APPLICANT INFORMATION

What year did the applicant purchase the property?_____

Applicant's mailing address:_____ (if different than the location address above)

City:_____ State: _____ Zip: _____

E-mail address of primary contact:_____ Phone: _____

Inspection contact name: _____ Telephone/E-mail address: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: 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 agencies.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: 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.

Maine and Washington Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 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.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: _____ Title: _____ Date: _____

If your state requires that we have information regarding your authorized retail agent or broker, please provide below.

Retail agency name: _____ License #: _____

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip code: _____