

Real Estate Investor Program Application

Client Information

- Requested Effective Date
- Named Insured
- Physical U.S. Address (Street, City, State, Zip)
- Company Phone
- Company Website
- Primary Contact Name
- Primary Contact Phone #
- Primary Contact Email Address

Broker Information

- Agency Name
 - Producer Name
 - Producer Phone #
 - Agency Network Affiliations
- Are you a member of a broker network (i.e. SIAA, Smart Choice, PIIB, etc.) If so, please select or populate other here:
- Is the insured planning on purchasing additional properties during the policy period? Yes No
 - If yes, how many?
 - Does the insured own properties in addition to those being submitted with this application? Yes No
 - If yes, how many?
 - Does the insured Fix and Flip Properties? No Less than 10% 11-25% 25%+
 - What is the average time a property is held (years)? 0-1 2-3 4-5 6+
 - Settlement Preference

Property Management

- Does the insured utilize a 3rd Party Property Management Company? Yes No
 - Website:
- Does the insured manage properties on behalf of other companies? Yes No
- How long has the insured been in the business of purchasing, renovating, renting properties?
1-5 6-10 11-20 20+ years
- What percentage of properties are fully inspected (interior & exterior) prior to purchase?
Less than 10% 11-25% 26-50% 50%+ All

Rental Information

- Do any properties have aluminum or knob & tube wiring? Yes No
- Does the insured utilize a standard lease agreement for the rentals? Yes No
- Are all prospective renters subject to a background check? Yes No
- Are all tenants required to purchase Renter's Insurance? Yes No
- Are the insured's tenants allowed to own dogs? Yes No
- Are any of the properties exposed to student housing? Yes No
- What is the vacancy rate for the insured's properties? Less than 10% 11-25% 26-50% 50%+
- Are any of the properties seasonal, short-term or vacation rentals? Yes No

Please send completed application to sales@ses-ins.com. Thank you!

18100 Von Karman Ave, 10th Floor, Irvine, CA 92612 **800-955-4737**CA License #0773864



Portfolio Renovation and Maintenance

- What is the average cost of renovation per unit? Below \$5k \$5-10k \$10-25k \$25k+
- Does the insured utilize its own construction crew for renovation or does it hire independent contractors?
 - If the insured utilizes independent contractors, are they required to be fully insured and does the insured require certificates of insurance? Yes No
- How often are properties inspected?
Monthly Quarterly Semi-annual Annual

Insurance Program

(If the insured has a current insurance program)

- Expiring Premium
- Current Deductible
- Have there been any non-weather related claims over \$25k in the last 3 years? Yes No
- Has there been a GL claim in the last 3 years? Yes No
- Has there been any tenant-caused damages which required a claim? Yes No
- ***Please provide the following: 3 years of currently valued loss runs.**
- Has the insured ever had their insurance program non-renewed or canceled? Yes No
 - If yes, please explain

- Property Deductible (Per Occurrence/Per Location) Preference
- Does the insured wish to purchase flood and/or earthquake coverage? Yes No
- The General Liability coverage offers a \$1,000,000 / 2,000,000 limit. Does the insured desire to purchase excess liability coverage? No \$1MM \$2MM \$3MM \$5MM

Additional Information

BINDING DISCLOSURE: No coverage is bound by this application.

The undersigned officer declares that to the best of their knowledge, the statements included herein and any documents submitted herewith are true, accurate and complete. The undersigned further agrees that if any information supplied herein or in connection with this application changes between the date of this application and the effective date of the insurance, the undersigned will notify the Underwriters as soon as practicable and the Underwriters may modify any quotations or agreements to provide insurance. Any intentional misrepresentation, concealment or omission of a material fact shall be grounds for cancellation, withdrawal or denial of insurance coverage provided.

Signature

Name (please print)

Officer Title

Signature

Date