

SECTION I. WRONGFUL EVICTION/PERSONAL INJURY

1. Is the applicant or anyone for whom this insurance will apply aware of any:
 - a. Wrongful eviction/personal injury claim made against them in the past 5 years? Yes No
 - b. Fact, circumstance, act or omission, which might reasonably be expected to be the basis of a wrongful eviction/personal injury claim or suit against them? Yes No

SECTION II. PREMISES PREFERRED

2. Need applicant's complete location address. Please be sure to indicate the zip code.

3. Is the office located at the site of a managed location? Yes No
If yes, please provide the exact address (including unit number) of the applicant's office: _____
4. Do you own the building where the office is located? Yes No
If yes, please answer the following questions:
 - a. Is building coverage desired? Yes No
 - b. What is the total square footage of the building? _____
 - c. What are the other occupancies? _____
5. Any General Liability claims paid or pending in the past 3 years? Yes No
If yes, please list (by year): _____
6. Any Property claims paid or pending in the past 3 years? Yes No
If yes, please list (by years): _____
7. Business Personal Property Limit (contents): _____
8. Building Construction (please check one):
 - Frame - Building is made from wood frame (2x4's/veneers).
 - Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood.
 - Masonry Non-Combustible - Same as Joisted Masonry, except roof is steel.
 - Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls.
9. Property Protection Class (1-10): _____
10. Gross square footage your business occupies: _____
11. a. Aluminum Wiring: Yes No
 b. Functioning Fire/Smoke Alarms: Yes No
 c. Burglar Alarms: Yes No
12. Is the electrical system connected to circuit breakers? Yes No
13. Does the owner(s) of all the managed properties maintain General Liability Coverage? Yes No

PLEASE NOTE: It is a condition of this insurance that General Liability Coverage (including Personal and Advertising Injury) with at least \$500,000 Limit of Liability is carried by the Property Owner for each property managed by the Insured.

Signature of the Applicant of the Insured: _____ Date: _____
 (Must be signed by a P.rincipal, Partner or Officer of the Firm)