



Insurance Application

MINGLEWOOD
RISK

INDIVIDUAL PARTNERSHIP CORPORATION JOINT VENTURE OTHER _____

Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone Number _____

Insurance Company _____ Policy Number _____ Coverage Dates _____

Do you have any employees? Yes No If yes, provide proof of Worker's Compensation.

Any Liability Claims in past **3 years** Yes No Any Property Claims in past **3 years** Yes No

Provide Details to all YES answers

Any Fungus/Mold problems or claims against this building? Yes No _____

Tenant Suits against you? Yes No _____

Water damage? Yes No _____

Any Insurance Coverage cancelled in past 3 years Yes No _____

Legal Owners (NAME ON DEED): _____

Location Address: _____

Year of Construction: _____

Values: Building _____ Contents _____ Rents _____ Building Square Footage _____

Total#: Buildings _____ Occupied Apartment Units: _____ Vacant Apartment Units _____

Floors _____ Swimming Pools: _____ Parking Lot: _____ Square Feet _____ Vacant Land: _____ Acres: _____

Do you have commercial autos? _____ If yes, how many and what type? _____

Elevator(s): Yes _____ No **Sprinklers:** Yes No If "Yes" Automatic Yes _____ No _____

Construction: Frame Brick Joisted Masonry Fire Resistive Other _____

Updates: Plumbing: Yes No Year: _____ Electrical: Yes No Year: _____

Roof: Yes No Year: _____ Boiler: Yes No Year: _____

Commercial Tenants: Yes No Occupied Commercial Sq. Ft. _____ Vacant Commercial Sq. Ft. _____

Fire Alarm Yes _____ No _____ If "Yes" Automatic Yes Yes No _____ Burglar Alarm Yes _____ No _____ AES cooking Yes _____ No _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

STATE FRAUD WARNINGS

NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS:

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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 settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: 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, for the purpose of misleading, conceals information concerning any fact material thereto, commits a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

THE COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THE REPRESENTATIONS MADE HEREIN ARE WARRANTED N-ID ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. ALL QUESTIONS ON THIS APPLICATION MUST BE ANSWERED IN FULL BEFORE THE INSURER WILL DETERMINE THE ACCEPTABILITY OF THE APPLICANT SIGNED BELOW. THE ISSUANCE OF A BINDER OR POLICY PRIOR TO THE RECEIPT BY THE INSURER OF THIS COMPLETED APPLICATION IS NOT A WAIVER OF THE REPRESENTATIONS MADE IN THIS APPLICATION.

APPLICANT'S SIGNATURE

(Must be signed by the intended Named Insured or by the President, if a corporation)

AGENT/BROKER SIGNATURE

PRINT APPLICANT'S NAME & TITLE

DATE

PRINT AGENT/BROKER NAME & TITLE

DATE