InvestorSelect[™] Program Application



Section 1. Contact Information				
Producer/Agency:		Date:		
Producer/Agency Contact:				
Investor/Applicant:				
Physical Address:		City, State Zip:		
Primary Contact:				
E-mail:		E-mail:_		
Section 2. Property Portfolio Informa	tion			
Please attach a spreadsheet of current properties. Spreadsheet must include Property Address, Coverage Amount, and Property Type i.e., Residential, Mobile Home, or Commercial. For Commercial properties, please specify occupancy type i.e., apartment (greater than 4 units), shopping center, office. If Flood Coverage is requested, please include Flood Zones. A 3-year premium and loss report will be required from your prior carrier.				
Section 3. Select Your Program Option	ons			
A. Please select coverage preferences:	☐ Hazard ☐ Loss of Re	nts 🗆 Flood 🗆	Ordinance or Law	□ Boiler & Machinery
	☐ Backup of Sewers/Drains	□ Earthquake □ Otl	her (describe)	
B. Liability (please mark if you would like liability coverage included): \$\square \\$1,000,000 \text{ per occurrence / \\$2,000,000 annual aggregate}\$				
C. Contractors Liability (available only if General Liability limits also apply): \$10,000 per location \$25,000 per location				
D. Property Deductible Options: Select wh property basis. □ \$2,500 □ \$5,000 □	ich options you would like to \$10,000 \$25,00		n will apply to the er \Box \$75,000	ntire program, not on a per
B. Target Premium/Rates:				
C. Loss Settlement Option: *If coverage is placed at less than 80% to value, a	coinsurance or ACV settlement	will apply.	Replacement Cost Valu	e 🗆 Actual Cash Value
Section 4. General Information				
A. Have you had insurance declined or cancelled by any carrier in the past 3 years?				
If yes, please provide details:				
B. Please provide the name of your current carrier:				
C. Please describe the property management procedures in place for the property inspections i.e., how often are your properties inspected, what are your winterization procedures, are windows boarded, etc.				
Disclaimer & Acknowledgement				
It is the responsibility of the applicant to read and understand the contents of this application. The applicant declares that all information in this application is true, correct, and complete and that no material fact has been suppressed or misstated. The applicant further understands that incorrect or incomplete statements or information could void the coverage afforded under the "policy" issued from the information contained in this application. The applicant also understands that this application and all information attached thereto becomes a part of their "policy", if issued.				
Signature of Applicant		Date		