



APIA

ASSET PROTECTION
INSURANCE ASSOCIATES

ASSET PROTECTION INSURANCE APPLICATION

THIS INSURANCE COVERAGE PROVIDES PROTECTION FOR INVESTOR'S REAL PROPERTY AND LIABILITY WHICH IS PURCHASED FOR INVESTMENT PURPOSES

POLICY HOLDER NAME _____

BILLING ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____ FAX _____ CELL _____

OFFICER _____ CONTACT _____

WEBSITE <http://> _____ E- MAIL _____

TYPE OF BUSINESS: _____ YRS IN BUSINESS: _____

How did you hear about us? _____

Has applicant ever filed bankruptcy? YES NO

Total number of all investor owned property: _____ What percent is: Commercial ____% Residential ____%

Largest single value owned: \$ _____

Are any of the properties Manufactured Homes or Mobile Homes? YES NO If YES, how many? _____

IMPORTANT: This policy provides coverage for Mfg. & Mobile Homes but must be listed as such for coverage to be in place. Be advised, Mfg. & Mobile Home have a higher deductible and rates.

Do any locations have a known pollution exposure? YES NO

IMPORTANT: Policy excludes pollution / contamination / seepage coverage.

1) COVERAGE DESIRED:

Effective Date coverage desired: _____

Check all coverage desired: Investor Owned Property Premises Liability for Investor Owned Property

Please mark which coverage desired: Replacement Cost Actual Cash Value Loan Balance

Standard Residential Deductibles start at \$5,000. Other deductible desired: _____

Will you hold the loan on any Investor Property you sell? Yes No

If "Yes" to above question, is Forced Place Coverage desired? Yes No

Any properties rented? Yes No If "Yes", what is monthly rent: _____

Billing cycle: (please choose which you prefer) Monthly Annual

Invoice billing is emailed. Do you prefer alternate method?: Regular mail Fax Other _____

2) UNDERWRITING INFORMATION:

Do you make physical inspections of the properties? YES NO

IMPORTANT: Policy *requires* monthly inspections to all vacant properties.

Exterior and interior inspected? YES NO Written report received? YES NO

How often are inspections made? _____

Do inspections include safety and physical hazards at each location? YES NO
(i.e. ENTRYWAYS, STEPS, RAILINGS - Loose boards, bricks, stones, hand railing)

Are repairs made promptly to properties where a hazard to the public exists? YES NO
(i.e. SIDEWALKS - uneven, cracked, tree root growth):

Is any outside firm contracted to make inspection / manage property? YES NO

Realtor/Broker Management Firm Other _____

Please specify name of this firm: _____

How long has company been in property management business? _____

Are vacant properties properly secured? YES NO
(i.e. Doors locked; no broken windows; windows locked)

IMPORTANT: Policy *requires* vacant properties are properly secured.

Are vacant properties winterized (i.e. heat left on, pipes drained)? YES NO

Will any properties be renovated? YES NO

If so, do you require contractors and subcontractors to provide proof of liability insurance prior to hiring? YES NO

3) PRIOR COVERAGE / LOSS HISTORY

Please provide the following information regarding current coverage: (check here if no current coverage in place)

Carrier: _____ Limit: _____ Annual premium _____

Commercial Deductible: _____ Residential Deductible: _____

Commercial Rate: _____ Residential Rate: _____

Please list all losses for the past 5 years. Use a separate piece of paper if necessary.

Date of loss	Type of loss	Amount Paid	Status -Open/Closed

*****Important*****

This insurance provides **single interest only to the named insured**. The **signed application warrants** all information provided on this application is true and factual.

Signed applicant understands that it is their responsibility to read and comprehend the contents of this application, and that any material misrepresentation or omission will invalidate coverage.

THIS IS NOT A POLICY OF INSURANCE.
THIS APPLICATION PROVIDES NO COVERAGE WHATSOEVER.

Applicant's Signature: _____ Title _____

Please submit the following items with this application:

- Past 5 year hard copy of loss history – if available
- Completed Terrorism Risk Insurance Act Form (attached) indicating whether or not you desire Terrorism coverage.
- List of properties to be insured; **INCLUDE ADDRESS, CITY, STATE, ZIP CODE, IDENTIFIED AS RESIDENTIAL, COMMERCIAL, VACANT LAND, VACANT OR OCCUPIED.**

PROPERTY ADDRESS	CITY	ST	ZIP CODE	VALUE	V or O (Vacant/ Occupied)	Residential, Commercial, Mobile Home or Vacant Land