



## RENTAL or RENTAL SCHEDULE

Agency Name: \_\_\_\_\_ SIU Producer # : \_\_\_\_\_

Company Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**PROPERTY LOCATIONS:** (Location Name, Street Address, City, County, State, Zip Code)

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

**FIRE PROTECTION**

- 1 Sprinklered? \_\_\_\_\_ All Units? \_\_\_\_\_ Common Areas Only? \_\_\_\_\_
- 2 Smoke Detectors in each unit? \_\_\_\_\_ Hard Wired or Battery? \_\_\_\_\_
- 3 Hallway leading to bedroom? \_\_\_\_\_
- 4 Fire Extinguishers in common areas? \_\_\_\_\_ In each unit? \_\_\_\_\_
- 5 Average number of feet separation between buildings? \_\_\_\_\_

**DESCRIPTION OF LOCATIONS**

	Loc-1	Loc-2	Loc-3	Loc-4	Loc-5
Years owned by insured	_____	_____	_____	_____	_____
Type of construction	_____	_____	_____	_____	_____
Year built	_____	_____	_____	_____	_____
Number of stories	_____	_____	_____	_____	_____
Total square feet	_____	_____	_____	_____	_____
Monthly rent per unit:	_____	_____	_____	_____	_____
Number of Families: (1, 2, 3, 4)	_____	_____	_____	_____	_____

**COVERAGE LIMITS**

Property coverage amount	_____	_____	_____	_____	_____
Valuation (Replacement (RC) or (ACV))	_____	_____	_____	_____	_____
Coinsurance	80%	80%	80%	80%	80%
Deductible (min \$1,000)	_____	_____	_____	_____	_____
Cause of Loss (Special or Broad)	_____	_____	_____	_____	_____
Liability Limit	_____	_____	_____	_____	_____
Med Pay	_____	_____	_____	_____	_____

**RENTAL PROPERTIES**

Unit subsidized housing:	_____	_____	_____	_____	_____
Student renters %:	_____	_____	_____	_____	_____
Copper or aluminum wiring?	_____	_____	_____	_____	_____
Fire walls separating buildings?	_____	_____	_____	_____	_____

	Loc-1	Loc-2	Loc-3	Loc-4	Loc-5
Roof type?	_____	_____	_____	_____	_____
Percentage occupied?	_____	_____	_____	_____	_____
Protection class	_____	_____	_____	_____	_____
Electrical Panel Twist Fuses (Y or N)	_____	_____	_____	_____	_____
Is bldg. a retirement/elderly facility?	_____	_____	_____	_____	_____
If Yes Any medical assistance offered?	_____	_____	_____	_____	_____
If Yes Any emergency pull cords?	_____	_____	_____	_____	_____
Is bldg. an assisted living facility?	_____	_____	_____	_____	_____
If > 3 stories are interior stairways equipped with self closing/locking fire doors on each floor?	_____	_____	_____	_____	_____

**RENOVATIONS**

(Year of latest update)

	Loc-1	Loc-2	Loc-3	Loc-4	Loc-5
Roof	_____	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____	_____
HVAC	_____	_____	_____	_____	_____
Electric	_____	_____	_____	_____	_____

If there have been any water damage claims within the past 3 years - has the insured taken protective safeguards to ensure this does not happen again? \_\_\_\_\_ If yes - please describe: \_\_\_\_\_

**OTHER RECREATIONAL EXPOSURES, NUMBER OF:**

Playgrounds \_\_\_\_\_ Tennis Courts? \_\_\_\_\_ Racquetball courts \_\_\_\_\_ Basketball Courts \_\_\_\_\_ Pool \_\_\_\_\_

Volleyball courts \_\_\_\_\_ Baseball fields? \_\_\_\_\_ Acres of lakes/ponds \_\_\_\_\_ Boat slips \_\_\_\_\_

Other: \_\_\_\_\_

**Loss History**

Any Property and or Liability Losses:  Yes  No If yes, give details below.

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

**Mortgagee**

**Additional Insured**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_