

## APPLICATION for: **TENANT DISCRIMINATION LEGAL EXPENSE AND LOSS REIMBURSEMENT INSURANCE**

Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

**PLEASE NOTE: All questions must be answered. Use a separate sheet if necessary.**

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel: \_\_\_\_\_  
**List branch offices on a separate page.**
3. Limits Desired: \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_
4. Applicant is:
  - a) ☐ Corporation ☐ Partnership ☐ Individual Proprietor ☐ Public Agency  
☐ Other (Describe): \_\_\_\_\_  
If corporation, state exact corporate name: \_\_\_\_\_
  - b) ☐ Property Management Company ☐ Property Owner
5. Annual Revenues: Current Year (estimate) \_\_\_\_\_ One Year Ago \_\_\_\_\_ Two Years Ago \_\_\_\_\_
6. Number of years in business: \_\_\_\_\_
7. Property under management/ownership:
  - A. Number of locations: \_\_\_\_\_
  - B. Number of residential units: \_\_\_\_\_
  - C. Commercial square footage: Retail \_\_\_\_\_ s/f Office \_\_\_\_\_ s/f Industrial \_\_\_\_\_ s/f
  - D. Attach separate sheet listing properties managed, address, and type of units with number of residential units and square footage of commercial properties for each location. Please provide a description of the locations under the commercial properties (i.e., office, industrial, name of retail store or restaurant, etc.).
8. Number of Employees:  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary/Seasonal \_\_\_\_\_ Independent Contractors \_\_\_\_\_
9. Are any units adult-only, senior citizen or restricted to any other protected classes? ☐ Yes ☐ No  
**If "Yes", please describe:** \_\_\_\_\_
10. Do you currently have General Liability coverage in force? ☐ Yes ☐ No

11. Procedures:

- a) Does the Applicant have written procedures for the handling of tenant/other third party relations? ☐ Yes ☐ No
- b) Are these procedures included in a manual or handbook? ☐ Yes ☐ No
- c) Do they include anti-discrimination policies? ☐ Yes ☐ No
- d) Do they include procedures for handling complaints of discrimination by a tenant / other third party? ☐ Yes ☐ No
- e) Do the Applicant's facilities have access for the disabled in compliance with A.D.A. law? ☐ Yes ☐ No
- f) Is the company prepared to provide handicap accommodations to meet the state and federal accessibility standards? ☐ Yes ☐ No

12. Within the last five years, has any person or entity proposed for this insurance been the subject of or involved in any discrimination claim(s) made by a tenant/other third party?

☐ Yes ☐ No

**If "Yes", how many event/claims were there in the last five years? \_\_\_\_\_**  
**Please complete the Supplemental Claim Form for each such event.**

13. Are you aware of any facts, incidents, or circumstances which may result in discrimination claims being made against you by a tenant/other third party?

☐ Yes ☐ No

**If "Yes", please complete the Supplement Claim Form.**

14. Attach a narrative with any information which you feel will help expedite the underwriting of this application.

**Applicant warrants that its properties are in compliance with statutory and regulatory requirements for persons with disabilities.**

**The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The Applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of the policy, it will immediately notify NAS Insurance Services, Inc. (16501 VENTURA BLVD., SUITE 200, ENCINO, CA 91436) of such changes. Signing of this application does not bind the Company to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made part of the policy should a policy be issued.**

Signature of Applicant: \_\_\_\_\_ Title (Must be an executive): \_\_\_\_\_

Printed Name of Signor: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel: \_\_\_\_\_

***A copy of this application will be attached to the Policy or Certificate and shall be the basis of the contract. Signature on this form does not bind Underwriters to grant this insurance.***

**Note: Applicable surplus line tax payable in addition to premium.**