NAS insurance
16501 VENTURA BLVD. SUITE 200 ENCINO, CA 91436
Lic. #0677191 · NASinsurance.com

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: _____ Website: _____

   List branch offices on a separate page.

3. Applicant is:

   a) ☐ Corporation ☐ Partnership ☐ Individual Proprietor ☐ Public Agency

   ☐ Other (Describe): _____

   If corporation, state exact corporate name: _____

   b) ☐ Property Management Company ☐ Property Owner

4. Annual Revenues: Current Year (estimate) _____ One Year Ago _____ Two Years Ago _____

5. Number of years in business: _____

6. 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

7. Do you own or manage mobile homes? ☐ Yes ☐ No

8. Are you involved in real estate development? ☐ Yes ☐ No

9. Number of Employees:

   Full Time _____ Part Time _____ Temporary/Seasonal _____ Independent Contractors _____

10. Are any units adult-only, senior citizen or restricted to any other protected classes? ☐ Yes ☐ No

    If "Yes", please describe: _____

11. Do you currently have General Liability coverage in force? ☐ Yes ☐ No

12. 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 state and federal accessibility standards? ☐ Yes ☐ No

13. 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.

14. 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.

15. 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 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 to 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.

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