

**TENANT DISCRIMINATION LEGAL EXPENSE AND LOSS
REIMBURSEMENT INSURANCE**

Renewal Application

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. Annual Revenues: Current Year (estimate) _____ One Year Ago _____
4. Applicant is: ☐ Property Management Company ☐ Property Owner
5. 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
6. Are any units adult-only, senior citizen or restricted to any other protected classes? ☐ Yes ☐ No
If "YES", describe: _____
7. Do you own or manage mobile homes? ☐ Yes ☐ No
8. Are you involved in real estate development? ☐ Yes ☐ No
9. Have there been any changes to the procedures for the handling of tenant/other third party relations? ☐ Yes ☐ No
10. In the past 12 months, has the Applicant or any person or entity proposed for this insurance been served with, or received notice of, any discrimination claims, such as administrative proceedings, demand letters, or lawsuits, made by a tenant or other third party? ☐ Yes ☐ No

If "Yes", please indicate the number of events in the last 12 months: _____

11. Has the Applicant notified NAS Insurance Services of all tenant or third party discrimination claims brought against the Applicant or any person or entity proposed for this insurance in the last 12 months?
☐ Yes ☐ No ☐ None to Report

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, LLC (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: _____