

Contact us: programs@ryansg.com

Investor Real Estate Owned Property & Liability Application

I. CLIENT INFORMATION	
Application Date:	
Name Insured: Email:	
Physical Address:	
City/State/Zip:	
Company Phone: Company Website:	
Type of Company: Corporation LLC LP Public Private Other:	
Decision Maker Name: Decision Maker Title:	
In addition to purchasing properties, are you involved in lending activities?	Yes No
Is the portfolio owned by multiple investors?	Yes No
If yes, is there a single payment source?	Yes No
Have you filed Bankruptcy in the last 5 years?	Yes No
II. PORTFOLIO INFORMATION	
1. Is the insured planning on purchasing additional units during the policy period?	Yes No
If yes, approximately how many?	
2. Total Insured Value of Portfolio:	
3. Property Value Preference: Replacement Cost Actual Cash Value Other:	
4. Does the insured wish to purchase flood and/or earthquake coverage?	☐ Yes ☐ No
III. ELIGIBILITY	
1. Are third party real estate management firms utilized?	Yes No
2. Does the insured manage properties on behalf of other companies?	Yes No
3. How long has the insured been in the business of purchasing, renovating, renting properties?	years
4. Are all properties inspected prior to purchase?	Yes No
If yes, does the insured have the inspections performed by a third party?	Yes No
If yes, please list the name(s) of the company(ies):	
If yes, please describe the inspection process (exterior only, interior and exterior, etc.):	
If yes, what percentage?%	
5. What is the average time a property asset is held?	
6. Does the insured utilize a standard lease agreement for the rentals?	Yes No
7. Are all prospective renters subject to a background check?	Yes No
8. Are all tenants required to purchase renters insurance?	Yes No



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9. Are any of the rental's student housing?		Yes No
10. Does the insured have subsidized renters? (Not applicable for New York accounts or residue)	idents.)	Yes No
If yes, is subsidized housing more than 10% of the portfolio?		Yes No
11. Does the insured "rent to own" properties to tenants?		Yes No
12. What is the vacancy rate for the insured's properties?		
13. On average, how long is a property vacant between tenants?		
14. Does the insured rent to seasonal tenants?		Yes No
15. Are any of the properties vacation rentals?		Yes No
16. Are all doors/sliding glass doors fully functioning with proper locks and deadbolts?		Yes No
17. Does each dwelling have two means of egress?		Yes No
18. Does each dwelling have smoke detectors and/or fire extinguishers?		Yes No
19. Is there a procedure in place to replace smoke detector batteries?		Yes No
20. Do any dwellings have decks or balconies?		Yes No
If yes, is there a secure railing with minimum height of 36 inches from the surface of	of the deck?	Yes No
21. Are there proper locks on all window that are not considered fixed windows?		Yes No
22. Do you abide with all state tenant/landlord laws?		Yes No
23. Does the schedule of properties have knob & tube wiring/aluminum wiring/fuses/less th Pacific/Stab Lok Breaker?	nan 100 amp circuit br	eakers or Federal Yes No
24. Are any of your properties over four stories?		Yes No
25. Is any property on the schedule a historical building?		Yes No
26. Do any properties have any existing damage?		Yes No
27. Are any of the following exposures present at any of the insured's properties?	☐ Swimming Pools ☐ Playground Sets	Trampolines
28. Are the insured's tenants allowed to own dogs?		Yes No
If yes, please describe any restrictions on size and breed:		
V. PORTFOLIO RENOVATION AND MAINTENANCE		
1. Does the insured renovate properties if needed?		Yes No
If yes, what is the average cost of renovation per unit? \$:		
2. On average are the renovations cosmetic or structural?	netic Structural	
3. How long is the typical renovation period?		
4. Does the insured utilize its own construction crew for renovation or does it hire independ Own		ent Contractors
If the insured utilizes independent contractors, are they required to be fully insured require certificates of insurance?	d and does the insure	d Yes No
5. Does the insured maintain a maintenance schedule for its properties?		Yes No
6. How often are properties inspected?		Yes No



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License Number

VI. INSURANCE PROGRAM \$5,000 \$10,000 1. Property Deductible Per Occurrence Preference (ex. CAT): \$25,000 Other: ___ ☐ Yes ☐ No 2. Are you seeking Wind / Hail coverage? ☐ Yes ☐ No 3. Has the insured ever had their insurance program non-renewed or canceled? (Not applicable for Missouri accounts or residents.) If yes, please explain: _____ NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED. THE SIGNER WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE. IF THE UNDERSIGNED LEARNS OF ANY MATERIAL CHANGE IN THE INFORMATION, YOU MUST PROVIDE IT TO THE UNDERWRITERS. Signature Name (type or print) Date NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

Signature

Date

Name (type or print)



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FRAUD WARNINGS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act. (Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.)

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and



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shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

- **OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- **OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.
- **OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
- **PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.
- **RHODE ISLAND:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- **TENNESSEE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- **VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
- **VIRGINIA:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- **WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
- **WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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