



8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 800-416-0006 • Fax 801-233-5232

www.eibdirect.com/tenants

TENANT'S LEGAL LIABILITY

1. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location (if you need additional space please use a separate sheet or excel spreadsheet):

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

2. Insurance History

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

3. Property Information

Please answer the following questions for each building, including the number of units per building to be insured (attach additional schedules for additional buildings and units and contents if needed):

1. Property name: _____

2. Total number of buildings: _____ Number of units in each building: _____

3. Onsite manager: _____ Phone number: _____

Email: _____

4. Onsite maintenance staff: _____ Phone number: _____

Email: _____

5. Year built (approximate if necessary): _____ Number of stories: _____

6. Occupancy rate: _____

7. Property:
- a. Is the property/building in foreclosure? Yes No
- b. Have you ever filed bankruptcy? Yes No
8. Condition: Class: A B C
- Building: Good Fair Poor
9. Fire extinguishers: Yes No
- If yes, please answer the following:
- a. Number of extinguishers: _____ Type: _____
- b. Location: _____ Last inspection: _____
- c. Sprinkler system: _____ Last inspection: _____
10. Does the property have any regulated units (government assisted/ group home)? Yes No
11. Does the property have any Section 42 or low income housing? Yes No
12. Do you obtain credit reports for each renter prior to leasing? Yes No
13. Do you run a criminal background check on each renter prior to leasing? Yes No

4. Desired Insurance

Tenant Legal Liability Limit: \$25,000 \$50,000 \$100,000 Other: \$ _____

Other requested coverage: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information or verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name