



**APPLICATION FOR TENANT DISCRIMINATION LIABILITY INSURANCE POLICY**  
**(Claims Made and Reported Form)**

**I. General Information**

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_  
   Street  City  State  Zip Code
3. a. Contact Person: \_\_\_\_\_  
    b. Address (if different from above): \_\_\_\_\_
4. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_
5. Number of Employees: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Office: \_\_\_\_\_ Field or On Site: \_\_\_\_\_
6. Applicant is: [ ] Property Manager [ ] Property Owner [ ] Other Describe: \_\_\_\_\_
7. If Applicant is a corporation, state full corporate name: \_\_\_\_\_
8. Number of years in business: \_\_\_\_\_

**II. Financial Information and Applicant Operations**

1. Financial Information:

BASED ON FINANCIAL DATA AS OF:	CURRENT YR.(MM/YY) /	PRIOR YR.(MM/YY) /
Total Assets:	\$ _____	\$ _____
Current Assets:	\$ _____	\$ _____
Current Liabilities:	\$ _____	\$ _____
Total Revenues:	\$ _____	\$ _____
Net Income (Loss):	\$ _____	\$ _____

2. Property Under Management:

Provide the following information for all property under management for which the Applicant is a property manager and/or property owner.

- a. Number of locations: \_\_\_\_\_
- b. Commercial:     Retail:..... square feet \_\_\_\_\_ and number of units \_\_\_\_\_  
   Office: ..... square feet \_\_\_\_\_ and number of units \_\_\_\_\_  
   Industrial: ..... square feet \_\_\_\_\_ and number of units \_\_\_\_\_
- c. Residential:     Section 8 or other Government Assisted Rental: ..... number of units \_\_\_\_\_  
   RV and/or Mobile Home Units/Spaces: ..... number of units \_\_\_\_\_  
   Condominiums/Cooperatives (Co-ops): ..... number of units \_\_\_\_\_  
   Temporary or On-line Rentals/Hotels/Motels: ..... number of units \_\_\_\_\_  
   All Other Residential: ..... number of units \_\_\_\_\_

3. Does the Applicant want to extend coverage to:
- a. Property managers, other than the Applicant in Question No. I.1., of the units as detailed in Question No. II. 2.? \_\_\_\_\_ [ ] Yes [ ] No
- b. Property owners, other than the Applicant in Question No. I.1., of the units as detailed in Question No. II. 2.? \_\_\_\_\_ [ ] Yes [ ] No
4. Are all properties under management Americans with Disabilities Act (ADA) compliant?..... [ ] Yes [ ] No
- a. If No, what percentage of the Applicants properties are in compliance? \_\_\_\_\_%
- b. If all properties under management are not complaint what are the Applicant's plans to bring all properties into compliance? \_\_\_\_\_

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5. Are any units either adult-only or senior citizen or restricted to any other protected classes? ..... [ ] Yes [ ] No  
If Yes, describe. \_\_\_\_\_
  6. Is the Applicant compliant with all federal, state and local nondiscrimination laws?..... [ ] Yes [ ] No  
If No, provide details and a plan outlining how the Applicant will become compliant. \_\_\_\_\_
  7. What are the Applicant's procedures for handling tenants' complaints? \_\_\_\_\_
  8. Employee turnover for the last three years. \_\_\_\_\_
  9. Are background checks conducted on all prospective employees?..... [ ] Yes [ ] No
  10. Do all employees receive training on federal and local fair housing laws? ..... [ ] Yes [ ] No  
If Yes, how often is training provided? \_\_\_\_\_
  11. Is the Applicant a member of NARPM (National Association of Residential Property Managers), NMHC (National Multifamily Housing Council) or NAA (National Apartment Association)?..... [ ] Yes [ ] No

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**III. CLAIMS/HISTORY**

1. Within the last five years, has the Applicant been under regulatory investigation by any federal state or local governmental agency, including, but not limited to, the U.S. Department of Justice? ..... [ ] Yes [ ] No  
If Yes, provide details: \_\_\_\_\_
2. Within the last five years, has the Applicant been investigated for any violation of the Federal False Claims Act, the U.S. Housing Act of 1937 or any portion of 24 C.F.R. *et seq.*? ..... [ ] Yes [ ] No  
If Yes, provide details: \_\_\_\_\_
3. Within the last five years, has the Applicant been in violation of any federal, state or local laws regarding habitability and/or failure to make repairs? ..... [ ] Yes [ ] No  
If Yes, provide details. \_\_\_\_\_
4. Within the last five years, have there been any claims or proceedings arising out of activities as property owner or property manager against the Applicant, or any of its principals, partners, owners, officers, directors, employees, managers, managing members, its predecessors, subsidiaries, affiliates, and/or against any other person or organization proposed for this insurance for:
  - a. Unlawful discrimination? ..... [ ] Yes [ ] No
  - b. Violation of the Fair Credit Reporting Act or any similar state or local statute?..... [ ] Yes [ ] No
  - c. Violation of the Fair Debt Collection Practices Act or any similar state or local statute? ..... [ ] Yes [ ] No
  - d. Violation of the Servicemembers Civil Relief Act of 2003 or any similar state or local statute?..... [ ] Yes [ ] No
 If Yes to any of the above, attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.
5. Is the Applicant or any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance, situation, incident or allegation of discrimination, negligence or wrongdoing, which might afford grounds for any claim such as would fall under the proposed insurance?..... [ ] Yes [ ] No  
If Yes, provide details: \_\_\_\_\_
6. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates and/or for any other person or organization proposed for this insurance in the last five years? ..... [ ] Yes [ ] No  
If Yes, attach a copy of such insurer's notice.

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**IV. PRIOR INSURANCE AND COVERAGE REQUESTED**

1. Previous Tenant Discrimination Liability Insurance:

Policy Period	Insurer	Limits of Liability	Deductible/Co-Insurance	Retro Date

2. Coverage Requested: Limits \_\_\_\_\_ Deductible \_\_\_\_\_ Effective Date: \_\_\_\_\_

**V. ADDITIONAL INFORMATION**

If you are a new Applicant with the Insurer, attach a copy of the Applicant's:

1. Equal Housing Opportunity Statement.
2. Standard residential rental/lease agreement.
3. Tenant Selection Plan

**Notice to Applicant**

No fact, circumstance or situation indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The policy applied for is SOLELY AS STATED IN THE POLICY, if issued, which provides coverage on a claims made basis for ONLY THOSE "CLAIMS" THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR WITHIN 90 DAYS AFTER THE EXPIRATION OF THE POLICY PERIOD, unless the extended reporting period option is exercised in accordance with the terms of the policy. The policy has specific provisions detailing claim reporting requirements.

The Insurer and/or affiliates thereof are authorized to make any inquiry in connection with this application. Signing this application does not bind the Insurer to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the Insurer and/or affiliates thereof receives notice is on file with the Insurer and/or affiliates thereof and is considered physically attached to and part of the policy if issued. The Insurer and/or affiliates thereof will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**Warranty**

Applicant warrants that its properties are in compliance with statutory and regulatory requirements for persons with physical disabilities, and that applicant has a policy of non-discrimination in renting of its premises.

I/We Warranty to the Insurer, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

**Fraud Warning**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

**Applicable Surplus Lines Tax payable in addition to premium.**

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

SIGNING this application does not bind the Applicant or Insurer to complete the insurance