

# National Risk | *Solutions*

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or email below where we may return your quote promptly.

Once complete please:

1. Click Submit button here → [\[Link\]](#) to email your application

OR

2. Fax application to (877)743-4252

If you have any questions, please do not hesitate to contact us at (866) 417-4855.

We appreciate your business.

Sincerely,

*The National Risk Solutions Team*

Agency Name:

City, State, Zip:

Agency contact:

Email Address:

Phone Number:

Fax Number:

Additional Information:



# Personal Lines 1-4 Family Dwelling Product Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: \_\_\_\_\_

Form of Business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

Location Address: \_\_\_\_\_  Same as mailing address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Operations:

How many individual units are there at this location? \_\_\_\_\_

Describe occupancy:  100% Occupied  Partially Vacant  Completely Vacant

If Partially Vacant, total # of units vacant \_\_\_\_\_, applicable sq. ft. \_\_\_\_\_

If any portion is vacant when will the tenants occupy the space?

Within 60 days  More than 60 days  Never/UnKnown - Reason: \_\_\_\_\_

Are there any vacant buildings or units adjacent to this exposure?  Yes  No

If Yes, what is the area leased to commercial tenants? \_\_\_\_\_ sq. ft.

Are there any student residents at any location? (not applicable in DC)  Yes  No

Are there any subsidized residents at any location? (not applicable in CA, CT, DC, ME, MA, NJ, OR, UT, VT or WI)  Yes  No

**Property Section** (Not available in CA, CT, DC, ME, MA, NJ, OR, UT, VT or WI)

Construction:  Frame  Joisted Masonry  Brick/Masonry Veneer  Other \_\_\_\_\_

Protection Class: \_\_\_\_\_

Requested Coverage form:  DP-1 Basic & Actual Cash Value  DP-3 Special & Replacement Cost

Deductible:  \$1,000  \$2,500  \$5,000

Building Limit \$ \_\_\_\_\_

What year was the building constructed? \_\_\_\_\_

What is the square footage of the entire structure? \_\_\_\_\_ sq. ft.

Personal Property Limit \$ \_\_\_\_\_

### Liability Section

Limit:  \$100,000  \$300,000  \$500,000  \$1,000,000

Number of Stories: \_\_\_\_\_

How is the dwelling rented?  Annual basis  Seasonal / Timeshare

Are any units Owner Occupied?  Yes  No

## II. LOSS INFORMATION FOR THE PAST 3 YEARS

**Property Coverages**  None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

**Liability Coverages**  None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

## III. ADDITIONAL PROPERTY INFORMATION

If you own the building and it is older than 20 years old, please complete the following:

Age of roof \_\_\_\_\_ yrs.

Roof Type:  Flat  Wood Shake  Shingle  Metal  Tile  Slate  Other \_\_\_\_\_

Plumbing Type:  PVC  Copper  Lead  Galvanized  Other \_\_\_\_\_

What type of burglar alarm is on the premises?  Central Station  Local  None

**IV. ELIGIBILITY CRITERIA**

- 1. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers  N/A  True  False
- 2. For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring  N/A  True  False
- 3. Functioning and operational smoke detectors in all units and/or occupancies  True  False
- 4. No bankruptcies, tax or credit liens against the applicant in the last 5 years  True  False
- 5. No boarding or rooming houses  True  False
- 6. No owner-occupied 1 family locations  True  False
- 7. No locations in which wood-burning stoves, space heaters or temporary heating devices are used or permitted for use  True  False
- 8. Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri)  True  False  
If False, advise reason \_\_\_\_\_

**Property**

- 1. No location is a mobile home  True  False

**General Liability**

- 1. Applicant re-keys or will re-key all locks prior to leasing to new tenants (not applicable if rented on seasonal/timeshare basis)  N/A  True  False
- 2. No Assisted Living or Group Home facilities  True  False
- 3. No locations with swimming pools  True  False

**V. Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)**

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VI. ADDITIONAL APPLICANT INFORMATION**

Applicant's Mailing Address: \_\_\_\_\_ (if different than the location address above)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Inspection Contact Name: \_\_\_\_\_ Telephone/Email Address: \_\_\_\_\_

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

**Colorado Fraud Statement:** 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 Fraud Statement: 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 Fraud Statement:** 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.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine and Washington Fraud Statement:** 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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 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 Fraud Statement:** 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 Fraud Statement: 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.

**Pennsylvania Fraud Statement:** 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 subjects such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** 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.

**Fraud Statement (All Other States):** 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.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: \_\_\_\_\_ License #: \_\_\_\_\_

Main Agency Phone Number: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_