



Real Estate Agents

REAL ESTATE AGENTS SUPPLEMENTAL BUSINESSOWNERS APPLICATION

If you DO NOT currently carry General Liability and/or Property Insurance with United States Liability Insurance Group and would like a quotation, please complete the following questions:

Name of Applicant: _____

Address: _____

Section I: General Liability Insurance

1. a. Does the Applicant use Independent Contractors? Yes No
If Yes, please answer (b) and (c)
- b. Is General Liability coverage to include Independent Contractors? Yes No
- c. Number of Independent Contractors used: _____
2. General Liability claims Paid or Pending during the last 5 years (by year): _____
3. Additional Insureds to be included (List name, address and relationship to Applicant): _____

Section II: Personal Property Insurance

4. a. Personal Property Limit (at 80% Coinsurance/Replacement Cost): _____
- b. EDP Equipment Limit \$ _____
- c. Burglar Alarm Yes No Central Station Yes No
- Sprinklers Yes No Central Station Yes No
- Fire Alarm Yes No Central Station Yes No
5. If located in first tier coastal county, distance from water (ocean, bay or inlet): _____
6. Property Claims Paid or Pending during last 5 years (by year): _____
7. Building Construction (please check one):
 - Frame - Bldg. is made from a wood frame (2x4's/veneers).
 - Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood.
 - Masonry Non-Combustible - Same as Joisted Masonry, except roof is steel.
 - Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls.
8. Property Protection Class (1-10): _____
9. Zip Code: _____

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 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.

NOTICE TO APPLICANT

The undersigned declares that to the best of his/her knowledge and belief that the statements set forth herein are true. The undersigned

further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. It is agreed that this Application shall be material to the contract should a policy be issued and it will be attached to and become a part of the policy.

Signature of Applicant: _____ Date: _____

Must be signed by a Principal, Partner or Officer of the Firm