

Real Estate Investor Application

Phone: 800.833.5912 Fax: 312.489.5431 Email: InsurmarkOnline@Insurmark.com

SUBMIT PF

PRINT

RESET

Must include the following at submission:

- 1. Application
- 2. Three Year Loss Runs (include open and closed claims)

3. Statement of Values (complete address, square ft. coverage amount for each location (include Business Income if applicable

Insured Name					mo	этте п аррп		
Street Address			City			State	Zip	
Mailing Address			City			State	Zip	
Contact Name and Title			Phone Number			Email		
Present Insurance Carrier			Present Carrier Policy Expiration Date			pr	o you service Yes operties for investors nder a contract?	
Portfolio Information						ui	idei a contract?	
Loan Type	_oan Type		# of Properties		Total Insurance Value \$		Largest \$	
Residential 1-4 family			#		\$		\$	
Commercial	•		#		\$		\$	
Mobile Home	Mobile Home		#		\$		\$	
% Annual Rental Coverage Requested Property Business Income	Flo		How are propert Cost, Purchase Property (Select C	Price, Market Coverage Lim	Price, etc		Deductible tions available)	
Liability		rsonal Property	y					
Have you had insurance de	receivers	nip, conservato	rship or filed bank	•	Yes	No No		
List any investors or compa as an insured or additional i address and identify relation	insured o	loss payee ind	cluding					
	procedure	es, windows bo	arded, etc. Are Va	acant propertie	s winterized (h	eat left on	en are properties inspected, , pipes drained), are windows	
	_							
Submitted by:				Date:				



GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

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

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Submitted by:	Title:
Date:	