

SUBMISSION CHECKLIST

- IPP SUPPLEMENTAL APPLICATION
- IPP SOV
- 3 YEARS LOSS RUNS



EMAIL SUBMISSIONS TO: PROPERTY@ISCMGA.COM

APPLICANT INFORMATION

NAME OF INSURED _____ EFFECTIVE DATE _____

DBA _____

MAILING ADDRESS _____

INSPECTION CONTACT _____ PHONE _____ EMAIL _____

NUMBER OF YEARS IN BUSINESS AS REAL ESTATE INVESTOR _____ YEARS

PROPERTY PROFESSIONALLY MANAGED? INCLUDE GENERAL LIABILITY? INCLUDE WATER BACK-UP?

AOP DEDUCTIBLE INCLUDE TRIA?

Premium credits available on higher deductibles

CLAIMS INFORMATION

HAS THE INSURED HAD ANY CLAIMS IN THE LAST 3 YEARS? If "YES", please complete below.

	LOCATION	INCURRED	CLAIM TYPE	OPEN/CLOSED	PREMIUM
CURRENT YEAR					
1ST YEAR PRIOR					
2ND YEAR PRIOR					
3RD YEAR PRIOR					

ADDITIONAL INTEREST

LIST INVESTORS OR COMPANIES TO BE NAMED AS AN INSURED, ADDITIONAL INSURED, OR LOSS PAYEE

NAME	ADDRESS	RELATIONSHIP	REFERENCE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ELIGIBILITY

1. Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years? (Not applicable in MO)

If yes, please provide details: _____

2. Has the insured ever been involved in bankruptcy proceedings, receivership, convicted of arson or insurance fraud?

3. Is the property to be insured going through foreclosure, condemned or has tax liens on it?

4. Is the property to be insured subject to more than 2 mortgages?

5. Is the property to be insured a rooming house/boarding house/student housing or fraternity/sorority housing/hotel/motel or bed and breakfast?

6. Does the insured allow any subsidized renters? If "YES", please provide percentage and renter type:

7. Is the property to be insured a manufactured or mobile home?

8. Is the property to be insured on a hobby farm or over 2,000 acres?

9. Is the property to be insured a historical building?

10. Any manufacturing operations taking place at the insured property?

If you answered yes to questions 2-9, please provide details: _____

11. Does the property to be insured have knob & tube wiring/aluminum wiring/fuses/less than 100 amp circuit breakers or Federal Pacific/Stab Lok Breaker?

12. Does the property to be insured have any galvanized plumbing?

13. Does the property to be insured have kerosene/parafin or portable space heaters?

14. Does the property to be insured use a wood stove as the primary heat source?

15. Does the property to be insured have any existing damage?

If you answered yes to questions 10-14, please provide details: _____

16. If renovation work is taking place, does it involve any of the following; foundation work, demolition, underpinning, lead, asbestos, or pollutant abatement?

17. Is the property to be insured scheduled for demolition?

18. If there is any structural renovation work taking place, is it being performed by a licensed contractor carrying \$1m coverage?

19. Is the property to be insured subject to more than 2 mortgages?

20. Is the property a short term rental/vacation rental?

a. Do all rentals require a 2-night minimum, have a written contract in place, and a security deposit?

21. Does the property to be insured have a swimming pool on the premise?

a. Is the swimming pool fenced with a self-locking gate?

b. Do you want to include Swimming Pool Liability? Which location?

Insured's Signature _____ Date

Printed Name _____

Agent's Signature _____

Printed Name _____ Date