

# RENTAL DWELLING APPLICATION

**JACOBS & ASSOCIATES**  
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Stongsville, OH 44149  
Phone: 440-625-2690

## PRODUCER INFORMATION

[ ] NEW BUSINESS [ ] RENEWAL/ REWRITE  
Policy No. \_\_\_\_\_ Previous Policy No. \_\_\_\_\_

WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR PRODUCER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE)

**PRODUCER NAME AND ADDRESS:** \_\_\_\_\_  
**PRODUCER CODE:** \_\_\_\_\_ **RETAILER ID:** \_\_\_\_\_  
**PERSON TO CONTACT:** \_\_\_\_\_  
**FEDERAL ID / SOCIAL SECURITY #:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_ **FACSIMILE:** \_\_\_\_\_  
**DATE SUBMITTED:** \_\_\_\_\_

## APPLICANT INFORMATION

**ALL** REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

**APPLICANT:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**STREET CITY STATE ZIP**

**APPLICANT IS:** [ ] INDIVIDUAL [ ] PARTNERSHIP [ ] CORPORATION [ ] ESTATE [ ] OTHER (SPECIFY) \_\_\_\_\_

Loc	Street	City	State	Zip

## PROPERTY COVERAGE INFORMATION

Loc	Bldg	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Deductible

**Note: Loss of Rents coverage is available. The limit of insurance is per month.**

*ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED*

Coverage	Premium Amount
Property	\$
General Liability	\$
Adjustment to Minimum	
Total Premium	\$
Terrorism Risk Insurance Act Coverage Desired?      ( )    Yes    ( )    No	\$
Mine Subsidence (if applicable)	
Policy Fee (\$25-3 mo, \$50-6 mo, \$100-12 mo)/Inspection Fee	\$
Total with applicable surcharges & fees	\$

## GENERAL INFORMATION

ARE ALL UNITS OCCUPIED BY TENANTS? [ ] YES [ ] NO  
 ARE TENANTS REQUIRED TO SIGN AN ANNUAL LEASE? [ ] YES [ ] NO

IN THE PAST 5 YEARS, HAS APPLICANT BEEN CONVICTED OR INDICTED FOR ARSON, FRAUD, BRIBERY OR ANY OTHER ARSON RELATED CRIME? [ ] YES [ ] NO

HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY IN THE PAST 5 YEARS? [ ] YES [ ] NO

IF YES, WAS THE PROPERTY TO BE INSURED INVOLVED IN THE FORECLOSURE? [ ] YES [ ] NO DATE OF FORECLOSURE: \_\_\_\_\_

IS ANY BUILDING CONSTRUCTED ON STILTS? [ ] YES [ ] NO

IS THE DWELLING A CONVERTED BARN OR CARRIAGE HOUSE? [ ] YES [ ]

IS ANY BUILDING LISTED ON A HISTORICAL REGISTER? [ ] YES [ ] NO

IS ANY BUILDING CONSTRUCTED OF LOGS? [ ] YES [ ] NO IS THE RISK A CONDOMINIUM UNIT? [ ] YES [ ] NO

IS THERE A KITCHEN AND BATHROOM IN ALL RENTAL UNITS? [ ] YES [ ] NO

ARE WOOD STOVES, PORTABLE SPACE HEATERS OR TEMPORARY HEATING UNITS USED? [ ] YES [ ] NO

DOES THE DWELLING HAVE WORKING SMOKE DETECTORS IN ALL UNITS? [ ] YES [ ] NO

DOES THE INSURED LIVE WITHIN 50 MILES OF THE PROPERTY? [ ] YES [ ] NO

IS THERE ANY FARMING OR OTHER BUSINESS (INCLUDING CHILD/DAYCARE) CONDUCTED ON THE PREMISES? [ ] YES [ ] NO

IS THE DWELLING USED FOR STUDENT HOUSING/FRATERNITY/SORORITY? [ ] YES [ ] NO

IS ANY UNIT SUBSIDIZED BY THE GOVERNMENT? [ ] YES [ ] NO

IS THERE A POOL, POND, LAKE OR HOT TUB ON ANY OF THE PREMISES? [ ] YES [ ] NO

IS ANY LOT SIZE MORE THAN 5 ACRES? [ ] YES [ ] NO

ARE THERE ANY NUISANCE HAZARDS ON ANY OF THE PROPERTIES (SWING SETS, VEHICLES, DEBRIS, TRAMPOLINE, FUEL TANKS, UNDERGROUND TANKS, ETC.)? [ ] YES [ ] NO

ARE ANY DOGS KEPT ON THE PREMISES? [ ] YES [ ] NO ANY DOGS WITH A PREVIOUS BITE HISTORY? [ ] YES [ ] NO

ANY DOBERMANS, CHOWS, ROTTWEILERS, PIT BULLS, AKITAS, GREAT DANES, WOLVES OR WOLF HYBRIDS OR ANY MIX OF THESE BREEDS? [ ] YES [ ] NO

ARE ANY EXOTIC ANIMALS KEPT ON THE PREMISES? [ ] YES [ ] NO

### PREMISES INFORMATION

Loc #: \_\_\_\_\_ Bldg#: \_\_\_\_\_

Year Built:	Construction:	Square Footage:	No. of Stories:	No. of Units:
Actual Cash Value:	Purchase Price (if purchased in past year):	Date Purchased:	Property Inherited?	Date Rented:
Equipped with functioning circuit breakers:		Type of electrical service:		
Will electrical service be updated?		If Mobile Home, is it anchored and completely skirted?		
Public Protection Class:	Distance to Fire Hydrant:	Fire District:	Active Sprinkler system:	
Active Central Station Fire/Burglar Alarm:		24 Hour Watchman:		
Does someone check on the property on a regular basis?		By whom:	How Often?	
Describe neighborhood:		Describe general condition of bulding:		

IF APPLICABLE: STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: \_\_\_\_\_

IS WINDSTORM POOL COVERAGE AVAILABLE? [ ] YES [ ] NO

Loc #: \_\_\_\_\_ Bldg#: \_\_\_\_\_

### MORTGAGEE OR LOSS PAYEE INFORMATION

WE WILL NOT ACCEPT INDIVIDUALS AS MORTGAGEES, ONLY AS LOSS PAYEES.

MORTGAGEE OR LOSS PAYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**LOSS INFORMATION**

PRIOR CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ DEDUCTIBLE: \_\_\_\_\_ PREMIUM: \_\_\_\_\_

**DESCRIPTION OF EACH LOSS FOR PRIOR 3 YEARS**

DATE OF LOSS	AMOUNT PAID	DESCRIPTION OF LOSS
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(indicate "NONE" if no losses)

HAVE ALL PRIOR DAMAGES BEEN REPAIRED? [ ] YES [ ] NO

**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.

THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

\_\_\_\_\_  
Original Signature of Producer (Required)

Date \_\_\_\_\_

\_\_\_\_\_  
Original Signature of Applicant (Required)

\_\_\_\_\_  
Official Title (If Applicable) \_\_\_\_\_ Date