



Investor Insurance Application

Southeastern Underwriters, Inc.

Application Information

Insured Name:
Street Address:
Contact Name:
Contact Phone:
Type of Organization: Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/>

Coverage Requested

Property <input type="checkbox"/> GL <input type="checkbox"/> Flood <input type="checkbox"/> Other <input type="checkbox"/> :
Desired Deductible: \$2,500 <input type="checkbox"/> \$5000 <input type="checkbox"/> \$7500 <input type="checkbox"/> Other <input type="checkbox"/> :

Portfolio Statistics

Identify states where properties are owned:
Total number of properties:
Additional Entities/Named Insureds/Additional Insureds: _____ _____
Do you fix and flip homes? Yes <input type="checkbox"/> No <input type="checkbox"/>
How is your insured value determined (replacement cost basis, per sq. ft)?
Do you arrange inspections prior to/ or after acquisition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have any of your properties experienced a property or liability insurance loss in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide loss details: _____ _____
What is the average time a property asset is held?
Have you ever had similar insurance declined, cancelled, or non-renewed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, why? _____ _____
Have you had a past conviction for arson, fraud, or other insurance related offense? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you filed for bankruptcy in the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>





Investor Insurance Application

Southeastern Underwriters, Inc.

Vacant Property

Do you have written procedures for the regular inspection of vacant properties? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How often are vacant properties visited by the applicant, agent, or property management company?	
Is a log kept reporting the condition of the properties upon inspections? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are properties secured against entry?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is previous owner/tenant access blocked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all utilities disconnected as needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are properties protected against freeze?	Yes <input type="checkbox"/> No <input type="checkbox"/>
On average, how long is a property vacant between tenants?	

Property Management

Is a property management firm utilized? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, name of company:	
Do you have a signed contract with the property management company detailing expectations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have risk management procedures/practice/formal maintenance program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, describe: _____ _____	
Are there signed rental agreements with all tenants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you conduct a background check on all prospective tenants/occupants over the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are tenants required to carry renter's insurance policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you abide by all state tenant/landlord laws?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have written eviction procedures that comply with all applicable laws?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the typical response time when emergency repairs are needed?	

Additional Information

Do you have any student tenants? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have subsidized renters? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any of your properties used as a senior care facility, assisted living facility, hospice care facility, palliative care facility, sobriety and/or drug treatment facility, or home day care facility? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are any of the properties rented on a seasonal or weekly basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does each dwelling have smoke detectors and/or fire extinguishers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a procedure in place to replace smoke detector batteries?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does each dwelling have a minimum of two means of egress?	Yes <input type="checkbox"/> No <input type="checkbox"/>





Southeastern Underwriters, Inc.

Investor Insurance Application

Renovation and Contracting Information

Are any buildings undergoing renovations or reconstruction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please select your typical renovation: Cosmetic <input type="checkbox"/> Structural <input type="checkbox"/>	
Do you use independent contractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, do you obtain a certificate of insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long is the typical renovation period?	
Prior to renovations, are all necessary local permits pulled?	Yes <input type="checkbox"/> No <input type="checkbox"/>

The undersigned acknowledges that he/she has read above application and reviewed any attachments. Further the undersigned is an authorized representative of the applicant and represents that thorough inquiry has been undertaken to obtain answers to questions on this application. He/She represents that the answers are true, correct, and complete to the best of his/her knowledge:

Applicant Title: _____ Date: _____

Signature: _____

NOTICE TO APPLICANTS: Any person who knowingly and with the 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. Applicability of this statement may vary in some states.

Questions? Email support@suigroup.com

