Real Estate Investor Property Application

1701 N. Collins Blvd, Suite 1025, Richardson, TX 75080 | 469-214-4200 | sgt55insurance.com

Please complete every section. Attach your Schedule of Properties (SOV), loss runs, and a sample inspection report.

1. Applicant Information

Investor Name / LLC / Inc.: _____ Years in business: _____

Contact Name: _____ Phone: _____ Email: _____

Physical (Street) Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

2. Coverage Requested

Policy valuation basis needed: ○ ACV (Actual Cash Value) ○ RCV (Replacement Cost)

Do you require liability coverage for the properties? ○ Yes ○ No

Do you require flood insurance? ○ Yes ○ No

Do you require earthquake insurance? ○ Yes ○ No

3. Current & Prior Insurance

Are all owned properties currently insured? ○ Yes ○ No

Is coverage presently in effect? ○ Yes ○ No

Present carrier: _____ Policy number: _____

Present rates:

Residential $ _____ Mobile Home $ _____ Commercial $ _____ Liability $ _____

Present deductibles:

Residential $ _____ Mobile Home $ _____ Commercial $ _____ Liability $ _____

Has any coverage been cancelled or non-renewed in the last 3 years? ○ Yes ○ No

If yes: name of carrier, policy dates, and reason

Have you ever been in receivership, conservatorship, or filed bankruptcy? ○ Yes ○ No

If yes, please describe

LOSS EXPERIENCE: all losses and insurance recoveries for the past three years (attach loss runs from prior carriers)

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4. Property & Portfolio Information

	Properties purchased per year	Value
Residential		
Mobile Home		
Commercial		

	Residential	Mobile Home	Commercial
Number of owned properties			
Average value	$	$	$
Average monthly rent	$	$	$
Average time held			

Are properties purchased separately or as a portfolio? ○ Separately ○ As a portfolio

What valuation method is used for new properties?

Will there be properties under construction/renovation? ○ Yes ○ No

If yes, report the date construction begins and the completed value when the property is added.

Any hazardous or unusual exposures (including dangerous dog breeds)? ○ Yes ○ No

If yes, please describe

Do any locations have a known pollution exposure? ○ Yes ○ No

5. Inspections, Maintenance & Management

Are physical inspections made? ○ Yes ○ No

Inspections cover: ○ Exterior ○ Interior ○ Both

How often are properties inspected?

How often are vacant properties inspected?

Do inspections include a safety and physical hazards review? ○ Yes ○ No

If damage is noted during inspection, are repairs made promptly? ○ Yes ○ No

Is an outside firm contracted to make inspections? ○ Yes ○ No

If yes: name, address, phone, type of firm (property management, inspection, etc.) and years in business

Are vacant properties winterized (heat left on, pipes drained)? ○ Yes ○ No

Are vacant properties boarded and secured? ○ Yes ○ No

Do you use a property management firm? ○ Yes ○ No

If yes: name, address, phone, and years in business

Contractors/subs must show proof of liability, auto & workers' comp before hire? ○ Yes ○ No

Are you named as additional insured on their policies? ○ Yes ○ No

Do you require tenants to carry liability insurance? ○ Yes ○ No

6. Escrowed Properties (complete ONLY for dwellings with a mortgage escrow)

Dwelling Address	Lender	Loan Number

7. Required Attachments

- ☐ Schedule of Properties / Schedule of Values (description, occupancy, full address with county, insured amount and basis)
- ☐ Loss runs from current and prior carriers (past 3 years)
- ☐ Sample property inspection report

8. Acknowledgment & Signature

THIS APPLICATION PROVIDES NO COVERAGE WHATSOEVER. This is not a policy of insurance. Completion does not imply or guarantee that insurance will be issued. Any material misrepresentation or omission may invalidate future coverage.

The real estate investor agrees to maintain accurate books and records for the purpose of establishing the effective date of coverage for any property or properties to be covered and to permit access to such records by any representative of the insurance company/carrier(s). Signing this application does not bind the investor to purchase insurance, nor does review of the application bind any insurance company to issue a policy.

I authorize Sergeant Fifty-Five Insurance to transfer the information in this application onto the application forms of the insurance carriers and programs it submits to on my behalf, and to obtain my signature on those forms.

Printed Name: _____ Title: _____

Signature: _____ Date: _____