



P referred P roperty R isk P urchasing G roup. Inc.

Apartment Application

Holmdel Executive Center
960 Holmdel Road
Holmdel, NJ 07733

Name of Agency _____

Contact Name _____

Address _____

Address _____

Phone: _____ Fax: _____

We've Got You Covered 877.807.8708 fax 213.627.5006

PPRPG APARTMENT APPLICATION:

Name of Apartment Complex: _____

Description of Operations _____

Mailing Address (C/O, Street, City, State, Zip Code) c/o _____

Street _____ City _____ State _____ Zip Code _____

LIMIT AVAILABLE

\$25,000,000

Proposed Effective Date _____

Expiration Date If Short Term _____

Does your company currently write this account? yes no

Is this account being quoted Mid term? yes no Why? _____

Current Umbrella Carrier: _____ Current Umbrella Premium _____ Limit: _____

Apartment type:

- High Rise Apartment
- Garden Style Apartment
- Mixed Use (Habitational & Retail)

Excess of Underlying Insurance Coverage's

- General Liability Per Location Endorsement (if multiple locations)
- Employers Liability
- Commercial Automobile

RATING INFORMATION:

- Frame Brick Veneer Joisted Masonry Non-Combustible Masonry Non-Combustible Fire Resistive
- Modified Fire Resistive Other (explain) _____

of Residential/Homeowner Units _____ # of Pools _____ Diving Board Yes No -height _____

Year Built _____ # of Stories _____ Underlying GL Premium _____ Number of Employees _____

- | | | | | |
|--------------------|-------------------------------|-------------------------------------|--|--|
| Sprinkler System | <input type="checkbox"/> None | <input type="checkbox"/> 100% | <input type="checkbox"/> Partial (explain) _____ | <input type="checkbox"/> Common Areas Only |
| Smoke Detectors | <input type="checkbox"/> None | <input type="checkbox"/> Every Unit | <input type="checkbox"/> Every Unit & Common Areas | <input type="checkbox"/> Common Areas Only |
| Standpipes | <input type="checkbox"/> yes | <input type="checkbox"/> No | Emergency Lighting? <input type="checkbox"/> yes | <input type="checkbox"/> No |
| Elevator Recall | <input type="checkbox"/> yes | <input type="checkbox"/> No | Annunciator Panels? <input type="checkbox"/> yes | <input type="checkbox"/> No |
| Manual Pull Alarms | <input type="checkbox"/> yes | <input type="checkbox"/> No | Two Exits Per Floor? <input type="checkbox"/> yes | <input type="checkbox"/> No |
| | | | Enclosed Stairwells <input type="checkbox"/> yes | <input type="checkbox"/> No |

AUTO EXPOSURE: N/A Hired & Non Owned Only Fleet

Total # Of vehicles _____ Combined single limit \$1,000,000 underlying minimum required

Class of vehicles

Light _____ Medium _____ Private Passenger _____

Passenger Vans _____ Passenger Capacity _____

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Apartment Application

Additional Exposures

- N/A
- | | | |
|---|--|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Boat Slips # _____ | <input type="checkbox"/> Day Care |
| <input type="checkbox"/> Tot Lots # _____ | <input type="checkbox"/> Golf Course | <input type="checkbox"/> Exercise/Weight Room |
| <input type="checkbox"/> Commercial Sq Footage _____ | <input type="checkbox"/> Ski Area | <input type="checkbox"/> Retail Stores Square Footage _____ |
| <input type="checkbox"/> Office Sq Footage _____ | <input type="checkbox"/> Other (elaborate) _____ | |
| <input type="checkbox"/> Lakes or Ponds Depth ? _____ | Swimming or Skating Allowed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Insured Property Location:

Same as Mailing
 City _____ State _____ County _____ Zip Code _____

Street Addresses

Provide street addresses for all buildings Same as Mailing

PRIOR CARRIER INFORMATION:

Has any insurance been non-renewed or cancelled by an insurance company in the last 3 years yes no
 Describe circumstances, give carrier name, reasons for non-renewal or cancellation and dates

SCHEDULE OF UNDERLYING LIABILITY:

Primary Liability (CARRIER MUST BE RATED A- VII OR BETTER)

Per Location Endorsement for multiple locations

Carrier _____

Policy No. _____

Per Occurrence Liability limit _____ General Aggregate _____ Effective Date _____

Employers Liability N/A (CARRIER MUST BE RATED A- VII OR BETTER)

Carrier _____

Policy No. _____

Liability limit _____ Effective Date _____

Automobile Liability N/A (CARRIER MUST BE RATED A- VII OR BETTER)

Carrier _____

Policy No. _____

Liability Limit _____ Effective Date _____



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LOSS HISTORY INFORMATION:

List all liability occurrences, claims and losses for **past 5 years over \$25,000** . You must attach insurance company loss runs. Describe any general liability, automobile or workers compensation claims exceeding \$50,000. If None so state.

Date	Type/Description of Occurrence	Paid Amount	Reserve Amount	Status Open/Closed
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Is any person/entity proposed for this Insurance aware of any fact, circumstance, or situation which may result in or give rise to a claim against the organization or any of its Members, Officers, or Employees?

yes no Provide Details, if yes:

FRAUD CLAUSE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

Applicant / Authorized Representative Signature

Date

SUPPLEMENTAL ATTACH ONLY IF NECESSARY



PPRPG ADDITIONAL APARTMENTS APPLICATION:

Location # _____

Name of Apartment Complex: _____

Insured Property Location:

Street Addresses _____ Provide street addresses for all buildings

City _____ State _____ County _____ Zip Code _____

Proposed Effective Date _____

Apartment type:

- High Rise Apartment
- Garden Style Apartment
- Mixed Use (Habitational & Retail)

Excess of Underlying Insurance Coverage's

- General Liability
- Employers Liability
- Commercial Automobile
- Per Location Endorsement (if multiple locations) is required for eligibility.

RATING INFORMATION:

- Frame Brick Veneer Joisted Masonry Non-Combustible Masonry Non-Combustible Fire Resistant
- Modified Fire Resistant Other (explain) _____

of Residential/Homeowner Units _____ # of Pools _____ Diving Board Yes No -height _____

Year Built _____ # of Stories _____ Underlying GL Premium _____ Number of Employees _____

- | | | | | |
|--------------------|-------------------------------|-------------------------------------|--|--|
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| Manual Pull Alarms | <input type="checkbox"/> yes | <input type="checkbox"/> No | Two Exits Per Floor? <input type="checkbox"/> yes | <input type="checkbox"/> No |
| | | | Enclosed Stairwells <input type="checkbox"/> yes | <input type="checkbox"/> No |

DESCRIPTION OF OPERATION:

(If occupied by tenants other than habitational, please list)

(MAKE ADDITIONAL COPIES AS NEEDED FOR EACH ADDITIONAL LOCATION)



SUPPLEMENTAL ATTACH IF NECESSARY

ADDITIONAL NAMED INSUREDS

Name of Additional Insured and Location #

_____ Location # _____

Name of Additional Insured and Location #

_____ Location # _____

Name of Additional Insured and Location #

_____ Location # _____

Name of Additional Insured and Location #

_____ Location # _____

Name of Additional Insured and Location #

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_____ Location # _____

Name of Additional Insured and Location #

_____ Location # _____

REMARKS:

Preferred Property Risk Purchasing Group



Holmdel Executive Center
960 Holmdel Road
Building 2
Holmdel, NJ 07733

888-548-2465 Voice
732-946-0547 Fax

We've Got You Covered

Membership Agreement

Preferred Property Risk Purchasing Group, Inc.

This Agreement is entered into between Preferred Property Risk Purchasing Group, Inc. (PPRPGI) an Illinois corporation, and the _____ ("**Purchaser**") which is located at the following address: _____

WHEREAS PPRPGI is a risk purchasing group formed pursuant to Illinois law and the Risk Retention Amendments of 1986 (15 U.S.C. 3910 et. seq.) ("Act") in order to permit a group of individuals who share common or similar liability exposures to join together to purchase liability insurance on a group basis; and

WHEREAS Purchaser represents and has provided information to PPRPGI that Purchaser is engaged in the real estate business and is exposed to liability risks which are the same or similar to those of the other members of the group; and

WHEREAS Purchaser seeks to insure its own risks by purchasing liability insurance under the group insurance policy issued to the group through PPRPGI;

NOW THEREFORE, the parties Agree as follows:

Agreement

1. PPRPGI agrees that as of the effective date of this Agreement, Purchaser is a member of the risk-purchasing group and is eligible to participate in certain group liability insurance policies, including endorsements and renewals, which is issued to PPRPGI for the benefit of its members ("Insurance").
2. Except as otherwise provided herein, so long as Purchaser satisfies the requirements of this Agreement and meets the qualifications of membership as set forth in the Act, PPRPGI shall permit Purchaser to participate in and be insured under insurance.
3. Purchaser shall pay all premiums, which are billed to it for insurance not later than ten (10) days after receipt of a statement therefore.
4. Purchaser shall promptly pay a non-refundable annual membership fee of \$ _____. This fee must be paid not later than the date insurance coverage is bound.
5. Purchaser shall meet the underwriting criteria imposed by each insurer upon all members of the risk purchasing group who are insured or all persons who seek to be insured under the Insurance. Purchaser understands that its failure to meet such underwriting criteria may result in the non-renewal of its coverage under Insurance.
6. Termination
 - a) This Agreement shall terminate:
 - i. Upon failure of Purchaser to pay the annual membership fee or any premiums for insurance as required under the Insurance and this Agreement. Purchaser shall cease to be a member of the purchasing group at such time as the premium is past due. However, if the past due premium or membership fee is subsequently paid, PPRPGI may, in its sole discretion, reinstate Purchaser's membership.

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ii. Upon termination or non-renewal of Insurance covering Purchaser or the group through PPRPGI.

b) This Agreement may be terminated by PPRPGI

i. if there is a change in the business of Purchaser which results overall in its being exposed to liability risks which are not the same as or similar to those of the other members of the group so that it would no longer qualify for membership within the requirements of the Act; or and PPRPGI shall give not less than thirty (30) days prior written notice of such termination; or

ii. upon Purchaser's failure to meet standards, criteria, or conditions of membership which may be established from time to time by PPRPGI for the risk purchasing group as a whole; and PPRPGI shall give not less than thirty (30) days prior written notice of such termination; or

c.) This Agreement may be terminated by Purchaser upon Purchaser's withdrawal from the risk purchasing group. Purchaser may withdraw from the risk purchasing group and participation in the Insurance at any time by submitting a written notice of its withdrawal to PPRPGI stating the date upon which the withdrawal is to be effective. This Agreement shall terminate upon that date. Purchaser understands that withdrawal from the risk purchasing group will immediately terminate all coverage of insurance for Purchaser under Insurance.

7. Indemnification. Purchaser agrees to indemnify and hold harmless PPRPGI for any liability or expenses, including costs of defense, which PPRPGI may incur as a result of acts or omissions of Purchaser or any of its employees or agents including incorrect or false statements of fact intentionally made to PPRPGI.

This Agreement shall be effective on _____, 20__.

PURCHASER

By: _____
(Signature)