

(847) 572-6000 Fax (847) 572-6137 Underwriting Manager A Markel Company

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

Roush Insurance Services, Inc.

PO Box 1060

Noblesville, IN 46061-1060

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APPLICATION FOR TENANT DISCRIMINATION LIABILITY INSURANCE POLICY

(Claims Made & Reported Form)

APPLICANT'S INSTRUCTIONS:

- 1. Answer all questions. If the answer requires detail, please attach a separate sheet.
 - 2. Application must be signed and dated by owner, partner or officer.
 - 3. Attach copy of your firm's brochure. THIS IS IMPORTANT.
- 4. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION. (PLEASE TYPE OR PRINT IN INK)

APF	PLICANT INFORMATION					
a.	Nam	e of Applicant:				
b.	Addr	ess:				
				State	Zip Code	
C.	(i)	Contact Person:				
	(ii)	Address (if different from above): _				
d.	Telep	phone: Fax:	E-Mail:			
e.	Num	ber of Employees: Full time	Part time Office	e Field or On Site:		
f.	Applicant is: [] Partnership/Joint Venture [] Individual Proprietor [] Corporation [] Public Agency [] Other – describe				jency	
g.	If Co	rporation, state exact name:				
h.	Num	ber of years in business:				
i.	Coverage Requested: Limits Effective Date:					
j.	Coverage Desired:					
	Reimbursement Insurance Expense Only					
	Reimbursement Insurance Loss and Expense					
	Pay on Behalf of Loss and Expense					
k.	Co-ir	surance desired, if oth	er than 5% stated in policy.			
	Co-insurance is applicable only on judgments and/or settlements.					
I.		ou part of an affiliated group of entit		describe:		
	- ,	3 - p	t i se t i se yes,			
n.	Annu	al Revenues: Last Year :	Current Year:	Next Year (est.):		
n.	Property Under Management*:					
	(i)	Number of locations:				
	(ii)	Commercial:				
		Retail: square fe	etnumb	er of units		
		Office: square fe				
		Industrial: square fe	etnumb	er of units		
	(iii)	Residential:				
		Number of Units				

*Note: Attach a separate schedule listing properties managed, address, number and type of units.

	0.	Are any units either adult-only or senior citizen, or restricted to any other protected classes? [] Yes [] No If yes, please describe:
2.	CLA	IMS/HISTORY
	a.	Has applicant had any lawsuits or incidents of the type to be covered in the past three years?[] Yes [] No
		If yes, please complete SUPPLEMENTAL CLAIM INFORMATION form.
	b.	Attach a narrative with any information that you believe will help expedite the underwriting of this application.
ARE	FIRS	TO APPLICANT: The coverage for which application is being made is limited to liability for only THOSE CLAIMS THAT T MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER DURING THE ERIOD OR WITHIN 60 DAYS AFTER THE EXPIRATION OF THE POLICY PERIOD.
		warrants that its properties are in compliance with statutory and regulatory requirements for persons with physical, and that applicant has a policy of non-discrimination in renting of its premises.
insui issua	rance ance o	NTATION: I/We represent that the information contained herein is true and that it shall be the basis of the policy of and deemed incorporated therein, should the Company/Underwriters evidence its acceptance of this application by of a policy. I/We authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., and Manager for the Company/Underwriters.
OR (CONC	CATION FOR INSURANCE OR A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, SEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. Opplicant Title (Officer, partner, etc.)
Sign	ature (of Applicant Date
_		roker:
	_	Applicable Surplus Lines Tax payable in addition to premium.
		his application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one s application will be attached to the policy, if issued.
Ager	ncy	
Addı	ess	
City_		State Zip
Phor	ne	Fax