

**COMMERCIAL INSURANCE  
APPLICATION****Proposed Effective Date:** \_\_\_\_\_

**This Application (pages 1 – 5) must be completed with each submission, as it is the basis for all coverages that you request.** You must complete additional applications for property, liability and auto coverage. We will accept ACORD Applications or the HUD Bid Form in lieu of this application. Please use a separate sheet of paper if additional space is needed. Contact your Underwriter if you need assistance completing these applications.

<b>Named Insured</b>			
<b>Mailing Address (incl. State, Zip)</b>			
<b>E-Mail Address</b>		<b>FEIN #</b>	
<b>Phone #</b>		<b>Fax #</b>	
<b>Executive Director</b>		<b>Insurance Contact</b>	
<b>Inspection Contact</b>		<b>Billing Contact</b>	

  

<b>Agent</b>		<b>Mailing Address (incl. State, Zip)</b>	
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**1. Current Policy Information**

Coverage Provided	Carrier	Premium	Expiration Date
Property			
Liability			
Auto			
Public Officials			
Employee Benefits			
Other (describe)			

**2. Claim History**

Provide the present value of all claims for the last 5 years. Include current carrier loss runs.

Coverage	Date of Loss	Description	Amount Paid	Amount Reserved

Housing Authority Insurance Group is a trade name for a family of affiliated companies which includes Housing Authority Risk Retention Group, Inc.; Housing Authority Property Insurance, A Mutual Company; Housing Authority Insurance Inc.; Housing Insurance Services, Inc.; Housing Telecommunications, Inc.; Satellite Telecommunications, Inc.; Housing Investment Group, Inc.; and Housing Enterprise Insurance Company, Inc.

### 3. Additional Exposures

Indicate with an (x) those exposures present on your premises and whether operated by you or others.

Operated By		Exposures	Describe
You	Others*		
		Assisted Living	
		Beauty Salon	
		Before/After School Care	
		Boilers/Mechanical Equipment **	
		Commercial Cooking Equipment **	
		Community Centers	
		Counseling Services	
		Day Care (adult or child) **	
		Demolitions Scheduled	
		Hope VI Projects	
		Liquor (serve or sell)	
		Medical, or Substance Abuse Clinic	
		Mobile Home/Trailers	
		Office Space Rented to Others	
		Parking Garage	
		Pesticide or Herbicide Application *	
		Recreational/Vocational Facilities (gym, exercise equipment, playground, skills training)	
		Renovations Scheduled **	
		Resident Police Officer	
		Restaurant	
		Security Forces **	
		Sewage treatment facility	
		Shelter/Migrant Housing	
		Special Events	
		Store/Market	
		Swimming Pools **	
		Tenant Patrols **	
		Underground Storage Tanks	
		Vacant Buildings	
		Vacant Land	
		Warehouse	
		Other (specify)	

\* Provide a certificate of insurance with the contractor's insurance carrier and limits of liability. Advise if you are included as an additional insured or if there is a hold harmless agreement in place. \*\*Complete Supplement.

#### 4. Services You Provide For Others

Indicate with an (x) only if you provide these services for others.

	Service	Describe
	Pesticide or Herbicide Application	
	Construction, Maintenance, Repair	
	Cleaning or Janitorial Service	
	Law Enforcement or Security Force	
	Other (specify)	
	Other (specify)	

#### 5. Additional Information

a. Provide: (1) total number of employees; (2) total number of volunteers	(1)	(2)
b. Does your organization own any vehicles (complete Auto Application for coverage)	Yes	No
c. What is your unit vacancy rate (for PHA's use the figures that you report to HUD)		
d. Do you own any Non-Profit corporations? If yes, list and describe operations.	Yes	No
e. Do you own any For-Profit corporations? If yes, list and describe operations.	Yes	No
f. Do you have interest in any Limited Partnerships? If yes, explain	Yes	No
g. Are any of your properties considered "historic"? If yes, provide property location(s)	Yes	No
h. Do you inspect units for evidence of mold? If yes, describe any remediation action.	Yes	No
i. Have any of your units had water damage? If yes, describe any remediation action. Provide claims details in please describe in question 2.	Yes	No

## 6. Other Interests

a. List all Property Management companies hired by you, including name(s) and location(s) managed. Provide details for any properties <b>not</b> included in this submission.
b. Describe all Property Management services provided by you, for others, including name(s) and location(s) managed
c. List all entities which have an additional interest in your properties. (Additional Insured, Mortgagee, Loss Payee, Lessor, etc.) Include name, address of entity and applicable premises; include any partners/investors

## 7. Renovations

a. Do you have any buildings undergoing renovation work or rehabilitation? If yes, complete a separate Renovations Supplement.	Yes		No	
b. If insurance is needed for new construction, please complete a Builders Risk Application.				
Construction operations are not the intent of our Commercial General Liability policy – certain types of exposures may need to be written on a separate Owners and Contractors Protective Liability form.				

## **RISK RETENTION GROUP - IMPORTANT NOTICE FOR PUBLIC HOUSING POLICYHOLDERS ONLY**

This policy may be issued by a risk retention group formed under the Federal Risk Retention Act of 1986 and licensed in the State of Vermont. The Housing Authority Risk Retention Group, Inc. may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for a risk retention group.

### **FRAUD STATEMENT – APPLICABLE TO ALL POLICYHOLDERS**

**COUNTRYWIDE (EXCEPT AS NOTED BELOW):** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**ALASKA** - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**ARIZONA** - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA** - For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DELAWARE** - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**DISTRICT OF COLUMBIA - WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA** - Any person who knowingly and with intent to injure, defraud or deceive an insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**HAWAII** - For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

**IDAHO** - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**INDIANA** - Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KENTUCKY** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**LOUISIANA** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**MARYLAND** - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MINNESOTA** - Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEW HAMPSHIRE** - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY** - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NEW YORK - Auto Only** - Any person knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK - All Other** - Any person who knowingly and with 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO** - 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.

**OKLAHOMA - WARNING** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**PENNSYLVANIA - Auto Only** - Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

**PENNSYLVANIA - All Other** - Any person who knowingly and with 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.

**RHODE ISLAND** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**VIRGINIA** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WASHINGTON** - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**WEST VIRGINIA** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I ATTEST THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND TRUE, TO THE BEST OF MY KNOWLEDGE.

Authorized Signature (required)	Print or Type Name	Title	Date