

RENTAL DWELLING APPLICATION

Underwritten by

Gateway Underwriters

2458 Old Dorsett Rd, Suite 110,
Maryland Hts, MO 63043
Telephone Number (800) 325-7652
Fax Number 314-567-4552

PRODUCER INFORMATION

[] NEW BUSINESS [] RENEWAL/ REWRITE

Policy No. _____ Previous Policy No. _____

WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR PRODUCER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE)

PRODUCER NAME AND ADDRESS:

PRODUCER CODE: _____

PERSON TO CONTACT: _____

FEDERAL ID / SOCIAL SECURITY #: _____

TELEPHONE: _____ FACSIMILE: _____

APPLICANT INFORMATION

ALL REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: _____

MAILING ADDRESS: _____

APPLICANT IS: [] INDIVIDUAL [] PARTNERSHIP [] CORPORATION [] OTHER (SPECIFY) _____

LOCATION ADDRESS: _____

STREET CITY STATE ZIP
STATE ZIP

ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED

Loc #	Bldg #	Limit	Coverage
		\$	Building (ACV or Purchase Price , if purchased within past year)
		\$	Personal Property (Coverage not available if renovating)
		\$	Total Location Limit
		\$	Deductible

Coverage	Premium Amount
Property	\$
[Wind]	
General Liability Limit: \$	\$
Total Premium	\$
Terrorism Risk Insurance Act Coverage Desired? () Yes () No	\$
Mine Subsidence	
xxxxxx Surcharge	\$
Policy Fee (\$25-3 mo, \$50-6 mo, \$100-12 mo)	\$
Total with applicable surcharges & fees	\$

HOW LONG HAS APPLICANT OWNED BUILDING? _____ ACTUAL CASH VALUE \$ _____

IF PURCHASED WITHIN PAST YEAR, INDICATE PURCHASE PRICE \$ _____ DATE OF PURCHASE: _____ / _____ / _____
MONTH / DAY / YEAR

ARE ALL UNITS OCCUPIED BY TENANTS? [] YES [] NO ARE TENANTS REQUIRED TO SIGN AN ANNUAL LEASE? [] YES [] NO

IS ANY UNIT SUBSIDIZED BY THE GOVERNMENT? [] YES [] NO

ARE REGULAR CHECKS MADE TO PREMISES? [] YES [] NO IF "YES", HOW OFTEN? _____

BY WHOM? _____ SQ. FOOTAGE: _____ NO. OF STORIES: _____

IS LOT SIZE MORE THAN 5 ACRES? _____ NO. OF DWELLING UNITS: _____ YEAR BUILT: _____

CONSTRUCTION TYPE: _____

DATE RENTED: _____ PROTECTION CLASS: _____
MONTH / YEAR

NOTE! IF MOBILEHOME, IS IT ANCHORED DOWN & COMPLETELY SKIRTED? ☐ YES ☐ NO

IS THERE A POOL, POND, LAKE OR TRAMPOLINE ON THE PREMISES? ☐ YES ☐ NO

DESCRIBE NEIGHBORHOOD: _____

DESCRIBE GENERAL CONDITION OF BUILDING: _____

IS INTERIOR OF BUILDING FREE OF GARBAGE, DEBRIS, REFUSE, ETC.? ☐ YES ☐ NO

IS THERE AN ACTIVE CENTRAL STATION FIRE / BURGLAR ALARM? ☐ YES ☐ NO

IS THERE AN ACTIVE SPRINKLER SYSTEM? ☐ YES ☐ NO KITCHEN AND BATHROOM IN ALL RENTAL UNITS? ☐ YES ☐ NO

ARE WOOD STOVES, PORTABLE SPACE HEATERS OR TEMPORARY HEATING UNITS USED? ☐ YES ☐ NO

IS THE DWELLING A CONVERTED BARN OR CARRIAGE HOUSE? ☐ YES ☐ NO LISTED ON A HISTORICAL REGISTER? ☐ YES ☐ NO

DOES THE DWELLING HAVE WORKING SMOKE DETECTORS IN ALL UNITS? ☐ YES ☐ NO

DOES THE INSURED LIVE WITHIN 50 MILES OF THE PROPERTY? ☐ YES ☐ NO

IS THERE ANY FARMING OR OTHER BUSINESS (INCLUDING CHILD/DAYCARE) CONDUCTED ON THE PREMISES? ☐ YES ☐ NO

IS THE DWELLING USED FOR STUDENT HOUSING/FRATERNITY/SORORITY? ☐ YES ☐ NO

ARE ANY EXOTIC ANIMALS KEPT ON THE PREMISES? ☐ YES ☐ NO

ARE ANY DOGS KEPT ON THE PREMISES? ☐ YES ☐ NO ANY DOGS WITH A PREVIOUS BITE HISTORY? ☐ YES ☐ NO

ANY DOBERMANS, CHOWS, ROTTWEILERS, PIT BULLS, AKITAS, GREAT DANES, WOLVES OR WOLF HYBRIDS OR ANY MIX OF THESE BREEDS? ☐ YES ☐ NO

IF APPLICABLE: STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: _____
IS WINDSTORM POOL COVERAGE AVAILABLE? ☐ YES ☐ NO

MORTGAGEE OR LOSS PAYEE INFORMATION

WE WILL NOT ACCEPT INDIVIDUALS AS MORTGAGEES,
ONLY AS LOSS PAYEES.

MORTGAGEE OR LOSS PAYEE: _____

ADDRESS: _____

LOSS INFORMATION

PRIOR CARRIER: _____

AMOUNT DESCRIPTION OF LOSSES – DAMAGES REPAIRED? ☐ YES ☐ NO

TOTAL LOSSES PAST 3 YEARS: \$ _____

(indicate "NONE" if no losses)

FRAUD STATEMENT:

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 OR MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND THAT COVERAGE IS BOUND ONLY AFTER [COMPANY NAME] ISSUES A WRITTEN BINDER CONFIRMATION.

THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

Original Signature of Producer (Required)

Date _____

Original Signature of Applicant (Required)

Official Title (If Applicable) _____ Date