



**J.B. LLOYD & ASSOCIATES**

# Real Estate Investor Protection Program **Application**

U.S. Risk, LLC | 14241 Dallas Parkway, Suite 850, Dallas, Texas 75254 | (800) 232-5830

## 1. Investor information

Real Estate Investor's Name: \_\_\_\_\_ Years in business: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. Property information

	Number of properties purchased per year	Value
Residential	_____	\$ _____
Mobile Home	_____	\$ _____
Commercial	_____	\$ _____

## 3. Real estate portfolio information

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

Are there any unusual exposures?  Yes  No If yes, please describe:

4. Will there be properties under construction/renovation?  Yes  No If yes, report to us:

- The date the property begins construction/renovations
- The completed value when construction is finished at the time property is added

5. Please provide a current schedule of properties to be insured, as indicated, using the form provided with this application.

- Description (residential, mobile home, commercial)
- Occupancy (occupied or vacant)
- Street address, city, state, ZIP, and county
- Insured amount and basis (completed value when construction is finished, replacement cost or actual cash value)

6. Is liability coverage desired for properties?  Yes  No

7. Is coverage presently in effect?  Yes  No If yes, provide present carrier name and policy number:

PRESENT RATES:

Residential \$ \_\_\_\_\_ Mobile Home \$ \_\_\_\_\_ Commercial \$ \_\_\_\_\_ Liability \$ \_\_\_\_\_

PRESENT DEDUCTIBLE:

Residential \$ \_\_\_\_\_ Mobile Home \$ \_\_\_\_\_ Commercial \$ \_\_\_\_\_ Liability \$ \_\_\_\_\_

LOSS EXPERIENCE: Please indicate all losses and insurance recoveries for the past three years. Include loss runs from previous carrier(s):

Has any similar coverage been canceled or non-renewed during the last three years?  Yes  No  
If yes, please provide details (name of carrier, policy dates, and reason):

8. Are properties purchased separately or as a portfolio?  Separately  As a portfolio

9. Are physical inspections made?  Yes  No Exterior or interior?  Exterior  Interior  Both Frequency: \_\_\_\_\_

10. Is an outside firm contracted to make inspections?  Yes  No

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

11. Attach a sample inspection report.

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

13. Do you utilize the services of a property management firm?  Yes  No

If yes, please provide name, address, phone number, and years in business:

14. Do you require all contractors and sub-contractors to provide proof of liability, auto and workers' compensation insurance prior to hiring?  Yes  No Are you named as additional insured on their insurance policies?  Yes  No

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 UNDER THIS POLICY AND TO PERMIT ACCESS TO SUCH RECORDS BY ANY REPRESENTATIVE OF THE COMPANY/INSURANCE CARRIER(S). **THE SIGNING OF THIS ENROLLMENT FORM DOES NOT BIND THE INVESTOR TO PURCHASE THE INSURANCE, NOR DOES REVIEW OF THE ENROLLMENT FORM BIND THE INSURANCE COMPANY TO ISSUE A POLICY.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Please email this completed form to Misty Kemp at [misty.kemp@usrisk.com](mailto:misty.kemp@usrisk.com).