

Application for Coverage Commercial Property

Lessors Risk (Building Owners Policy)

The Dentists Insurance Company
1201 K Street, 17th Floor, Sacramento, CA 95814



Please type or print

Please read this before filling out your application for Commercial Property (Building Owners) insurance.

You warrant and represent that the following statements are yours, and that you know the statements to be true. You know and intend that we will rely on the truth of the information you have provided in deciding to issue a policy to you, and that providing any false information in this application is grounds for us to deny you insurance or to rescind any policy we issue if the false information was material to our underwriting decision.

Desired Coverage Date: _____ / _____ / _____

1. I Am Applying as a(n):

Individual Corporation Partnership Joint Venture LLC Other _____

Legal Entity Name _____ Tax ID _____

DBA (Doing Business As) _____

Named Insured (list all owners):

Last Name _____ First _____ MI _____

Last Name _____ First _____ MI _____

Last Name _____ First _____ MI _____

Property Location Address:

Street Address _____ City _____ County _____ State _____ Zip _____

Office Telephone _____ Alternate Telephone _____ Fax _____

Email Address _____

Mailing Address: Same as above

Street Address _____ City _____ County _____ State _____ Zip _____

Deductible Chosen: \$500 \$1,000 \$2,500 \$5,000

2. Insured Location Building Information

Insured status:

Building Owner Condominium Triple Net Lease Insured not currently occupying building

Are renovations planned now or in the future? Yes No If yes, when? _____

What renovations will be done? _____

Is there any condition, damage or activity at or around the property that might reasonably be expected to result in a loss you would submit under this policy?..... Yes No

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If yes, please explain.

| Year Built | Number of Floors | Number of Units | Total Building Sq. Feet |
|------------|------------------|-----------------|-------------------------|
|------------|------------------|-----------------|-------------------------|

Occupancies by others? Yes No

All Occupancies Medical/Dental Offices? Yes No

%

If no, list types of occupancies

Percentage of interior square footage not currently occupied by others

Building Construction Material:

- Frame Masonry (concrete, brick with combustible frame, joist or roof)
 Non-combustible/Fire Resistive (steel frame, non-combustible roof)

If the building is more than 30 years old, please advise what year the following has been updated:

Plumbing _____ (year) Electrical _____ (year) Roof _____ (year)

Alarm and protection systems:

Sprinkler Yes No

Burglar Yes No

3. Amount of Coverage Needed

Building Replacement Cost.....\$ _____

Monthly Rental Income.....\$ _____

General Liability

- Amount of Coverage Needed \$1,000,000 per occurrence/\$2,000,000 aggregate per policy year
 \$2,000,000 per occurrence/\$4,000,000 aggregate per policy year

4. Insurance History New Acquisition Replacement Coverage Uninsured. If yes, since when? _____

If replacement coverage, please provide:

Current carrier: _____ Policy No.: _____ Expiration Date: _____

Has any carrier rescinded, cancelled or refused renewal? Yes No

If yes, please explain.

5. Claims/Loss History

a. Have you had any insured or uninsured property losses in the last five years? Yes No

If yes, please explain.

Date of Loss: _____ / _____ / _____ Amount paid: \$ _____ Has the claim been closed? Yes No

b. Description of what has been done to prevent further losses:

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6. Mortgagee/Additional Insured Information

Attach separate sheet, if necessary

Name Mortgagee Additional Insured

Street Address City County State Zip

Description of Interest Loan Number

Name Mortgagee Additional Insured

Street Address City County State Zip

Description of Interest Loan Number

AUTHORIZATION

I authorize release and exchange of information between my past and present insurance carriers and The Dentists Insurance Company, involving past and future underwriting and claims matters.

I have answered the questions on this application truthfully. I agree to notify The Dentists Insurance Company of any change in the information contained in the application—before and after a policy is issued—and to supply such further underwriting information as The Dentists Insurance Company may require. I further agree to be bound by the underwriting guidelines of The Dentists Insurance Company. **SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE CONTRACT. HOWEVER, IF A POLICY IS ISSUED, THIS APPLICATION WILL BECOME PART OF THE POLICY.**

I understand the importance of requesting sufficient insurance equal to 100 percent of the replacement value of my property.

If I have not requested sufficient coverage, I understand a loss I might have may affect my future insurability.

Print Name Signature of Applicant Date

Return this application by mail or fax.

Mail to: The Dentists Insurance Company
1201 K Street, 17th Floor
Sacramento, CA 95814

Fax to: 916.554.5957

To apply online: tdicinsurance.com

Questions? Call your local broker:

Arizona – 800.733.0633, TDIC Insurance Solutions
California – 800.733.0633, TDIC Insurance Solutions
Hawaii – 808.521.1841, Jerry Hay, Inc.
Illinois – 800.733.0633 x 5964 or 4966, TDIC Insurance Solutions
Minnesota – 800.733.0633, TDIC Insurance Solutions
Nevada – 800.733.0633, TDIC Insurance Solutions
New Jersey – 877.476.4588, Mid-Atlantic Insurance Resources
Pennsylvania – 877.732.4748, PDAIS, Inc.
All other states – 800.733.0633,

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FRAUD WARNINGS

General Fraud Warning: 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.

Arizona

Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Any other terms or conditions of the application and this policy notwithstanding, all statements and descriptions in the application for this policy, or in negotiations therefore, by or on behalf of the **insured**, shall be deemed to be representations and not warranties.

The last paragraph under **AUTHORIZATION** is deleted and replaced with "If any **insured** has concealed or misrepresented any material fact or circumstance relating to this insurance at any time, such misrepresentations, omissions, concealment of facts and incorrect statements shall not prevent a recovery under this policy unless:

1. Fraudulent.
2. Material either to the acceptance of the risk, or to the hazard assumed by the insurer.
3. The insurer in good faith would either not have issued a policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

California

Any person who knowingly presents a 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.

Hawaii

Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

All statements or descriptions in any application for an insurance policy or in negotiations therefor, by or on behalf of the insured, shall be deemed to be representations and not warranties. A misrepresentation shall not prevent a recovery on the policy unless made with actual intent to deceive or unless it materially affects either the acceptance of the risk or the hazard assumed by the insurer.

Idaho

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

Minnesota

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

Nevada

Any person who knowingly files a statement of claim containing any material misrepresentation or any materially false, materially incomplete or materially misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties.

Any other terms or conditions of this application and the policy notwithstanding, all statements and descriptions in the application for this policy, or in negotiations therefore, by or on behalf of the insured, shall be deemed to be representations and not warranties.

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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.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania

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.

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.

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.