

SUPPLEMENTAL APPLICATION

Rental Property Umbrella Supplemental Application

For owners of rental homes, condos and small apartment buildings who want umbrella protection above their landlord or dwelling policies. Please list every rental property you own, alone or through an LLC or trust.

OWNER INFORMATION

Owned as: ☐ Individual(s) ☐ LLC ☐ Trust ☐ Partnership ☐ Corporation

Owner / entity name

Contact name

Mailing address

City, state, ZIP

Phone

Email

COVERAGE REQUESTED

Umbrella limit: ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$5,000,000 ☐ Other

Requested effective date

Current umbrella insurer (if any)

RENTAL PROPERTY SCHEDULE

Property address	Type (1-4 family, condo, etc.)	Units	Year built	Long or short-term

UNDERLYING LANDLORD / DWELLING INSURANCE

Rental Property Umbrella Supplemental Application (continued)

Property / policy	Insurance company	Policy number	Liability limit	Expires

MANAGEMENT

Managed by: ☐ Owner ☐ Property management company ☐ Family member

Property manager name (if any)

Do your leases require tenants to carry renters insurance?

UNDERWRITING QUESTIONS

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is there a swimming pool, hot tub, trampoline or playground at any rental property? | ☐ Yes | ☐ No |
| 2. Is any property rented on a short-term basis (Airbnb, VRBO) or to students? | ☐ Yes | ☐ No |
| 3. Is any property vacant, under renovation or awaiting a tenant? | ☐ Yes | ☐ No |
| 4. Are working smoke and carbon monoxide detectors installed in every unit? | ☐ Yes | ☐ No |
| 5. Are there any open building code violations at any property? | ☐ Yes | ☐ No |
| 6. Are any evictions pending, or have there been any in the past 3 years? | ☐ Yes | ☐ No |
| 7. Do tenants keep dogs or other animals at any property? | ☐ Yes | ☐ No |
| 8. Has there been a liability claim, lawsuit or judgment at any property in the past 5 years? | ☐ Yes | ☐ No |
| 9. Has any insurance company declined, canceled or non-renewed coverage in the past 3 years? | ☐ Yes | ☐ No |

Please explain any "Yes" answers:

SIGNATURES

I declare that the statements in this application are true and complete to the best of my knowledge. I understand this application does not bind coverage, that the insurance company may ask for more information, and that any policy issued will rely on the answers given here. I will tell Societies Insurance about any changes to this information before coverage begins.

Any person who knowingly and with intent to defraud provides false, incomplete or misleading information to an insurance company may be guilty of a crime and subject to fines, imprisonment and denial of benefits.

Rental Property Umbrella Supplemental Application (continued)

Applicant signature	Date
Co-applicant signature	Date
Producer (Societies Insurance)	Date