

Deerfield Insurance Company
Evanston Insurance Company
Essex Insurance Company
Markel American Insurance Company
Markel Insurance Company
Associated International Insurance



APPLICATION FOR TENANT DISCRIMINATION LIABILITY INSURANCE POLICY

(Claims Made & Reported Form)

APPLICANT'S INSTRUCTIONS:

- 1. Answer all questions. If the answer requires detail, please attach a separate sheet.
 - 2. Application must be signed and dated by owner, partner or officer.
 - 3. Attach copy of your firm's brochure. THIS IS IMPORTANT.
- 4. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION. (PLEASE TYPE OR PRINT IN INK)

APPLICANT INFORMATION						
a. Name of Applicant:						
b.	Address:					
	Street	City	State	Zip Code		
C.	(i) Contact Person:					
	(ii) Address (if different from above):					
d.	Telephone: Fax:	E-Mail:				
e.	Number of Employees: Full time F	Part time Office	Field or On Site:			
f.	Applicant is: [] Partnership/Joint Venture [] Other – describe		Corporation [] Public A	gency		
g.	If Corporation, state exact name:					
h.	Number of years in business:					
i. Coverage Requested: Limits Effective Date:						
j.	Coverage Desired:					
Reimbursement Insurance Expense Only Reimbursement Insurance Loss and Expense						
	Pay on Behalf of Loss and Expense	•				
k.	Co-insurance desired, if other than 5% stated in policy.					
	Co-insurance is applicable only on judgments and/or settlements.					
l.	Are you part of an affiliated group of entities? [] Yes [] No If yes, describe:					
١.	Are you part of all allillated group of elittles? [] Les [] No. II yes, describe.					
m.	Annual Revenues: Last Year:	Current Year:	Next Year (est.):			
n.	Property Under Management*:					
	(i) Number of locations:					
	(ii) Commercial:					
	Retail: square feet	number of	units			
	Office: square feet	number of				
	Industrial: square feet	number of				
	(iii) Residential:					
	Number of Units					

*Note: Attach a separate schedule listing properties managed, address, number and type of units.

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	0.	Are any units either adult-only or senior citizen, or restricted	to any other protected classes?			
		If yes, please describe:	, , ,			
2.	CLA	CLAIMS/HISTORY				
	a.	Has applicant had any lawsuits or incidents of the type to be	e covered in the past three years?] Yes [] No			
		If yes, please complete SUPPLEMENTAL CLAIM INFORM	ATION form.			
	b.	Attach a narrative with any information that you believe will	help expedite the underwriting of this application.			
ARE	FIRS	E TO APPLICANT: The coverage for which application is being ST MADE AGAINST THE INSURED DURING THE POLICY PE PERIOD OR WITHIN 60 DAYS AFTER THE EXPIRATION OF	RIOD AND REPORTED TO THE INSURER DURING THE			
		it warrants that its properties are in compliance with statutor es, and that applicant has a policy of non-discrimination in renti				
nsu ssu	rance ance o	SENTATION: I/We represent that the information contained here and deemed incorporated therein, should the Company/Un of a policy. I/We authorize the release of claim information from ffiliates thereof.	derwriters evidence its acceptance of this application by			
AN A	APPLI CONC	RSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD A LICATION FOR INSURANCE OR A STATEMENT OF CLAIM O NCEALS FOR THE PURPOSE OF MISLEADING, INFORMAT IS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.	CONTAINING ANY MATERIALLY FALSE INFORMATION			
Nam	ne of A	Applicant Title	(Officer, partner, etc.)			
Sign	ature o	e of Applicant Date				
Nam	ne of B	Broker:				
		:				
		Appl	icable Surplus Lines Tax payable in addition to nium.			
SICI	MING +	2 this application does not hind the Applicant or the Insurer or the	Linderwriting Manager to complete the incurance, but one			

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

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