

AMERICAN INTERNATIONAL COMPANIES®

Name of Company to which Application is made (herein called the Company)

PLL REAL ESTATE APPLICATION

This is an application for a **Claims-Made** Policy

Named Insured: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax : _____ Email Address: _____

Proposed Insured Property Mailing Address: _____

City, State, Zip Code: _____

- | 1. | Deductible: Each Loss* | Limit of Liability Each Loss | Limit of Liability Total all Losses |
|----|---|--|---|
| | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$1,000,000 |
| | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$2,000,000 |
| | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$3,000,000 | <input type="checkbox"/> \$5,000,000 |
| | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$5,000,000 | <input type="checkbox"/> \$10,000,000 |
| | <input type="checkbox"/> Other - Specify: _____ | <input type="checkbox"/> Other - Specify _____ | <input type="checkbox"/> Other - Specify: _____ |

* If a deductible of \$50,000 or greater is desired, attach the latest audited financial statement.

If multiple properties are being submitted attach a schedule that, for each property, indicates the address and responses to Items 3 thru 9 below or submit separate applications for each property.

If an Environmental Sight Assessment(s) is/are available, please attach. None Available Attached

2. Indicate Policy Term Desired: 1 year 3 years 5 years 10 years
 Other – Specify _____ (Maximum 10 years)
3. Indicate Current Property Use:
 Habitational Office/Hotel Retail Warehouse/Light Industrial Industrial
 Other –Specify: _____
4. Is a change in use anticipated during Policy Term indicated above? No Yes, other use is:
 Habitational Office/Hotel Retail Warehouse/Light Industrial Industrial
 Other –Specify: _____
5. Indicate prior uses of property. Check all that apply.
 Habitational Office/Hotel Retail Warehouse/Light Industrial Industrial
 Other –Specify: _____
6. Indicate any of the following operations currently conducted at the property address.
 Service Station Dry Cleaners Auto Service/Repair Manufacturing/Assembly
 Hazardous Waste Generator - Is waste storage area in compliance with regulations? Yes No
 None of the above
7. Indicate any of the following uses at adjacent properties.

- Habitational Office/Hotel Retail Warehouse/Light Industrial Industrial
 Other –Specify: _____

8. Are there or have there ever been any underground storage tanks on the property?

No Yes, indicate contents: _____

If "Yes", have tanks been closed in accordance with applicable regulations? No Yes, attach evidence of proper closure.

9. Are there any above ground storage tanks on the property?

No Yes, indicate contents and quantity for each tank:

If "Yes", describe secondary containment in place. If none, so state.

10. List all claims made against you during the past five years for cleanup or response action, "toxic tort" or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutant, from this location or other locations owned or operated by you, into the environment. Attach a brief description of the claim(s) and their disposition. None to report.

11. At the time of the signing of this application, do you know any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental cleanup, or for bodily injury or property damage arising from the release of pollutants into the environment?

No Yes If "Yes", attach details to application.

12. Have you in the last five years had any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental statutes or regulations?

No Yes, provide details. _____

13. Have you in the last five years been prosecuted or are you currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statutes or regulations?

No Yes, provide details.

14. Indicate optional coverages or endorsements desired. An additional premium may apply.

Mortgagee/Additional Insured/Assignment Endorsement. Please complete the following:

Mortgagee/Additional Insured: _____

Mailing Address: _____

City, State, Zip Code: _____

Business Interruption – Loss of Rental Value Endorsement

Diminution In Value Endorsement

Underground Storage Tank Endorsement

15. Is the intended insured the occupant of the property being submitted? No Yes

If "No", do you (a) have lease restrictions on the use of hazardous substances? No Yes

(b) acquire environmental indemnity from the tenant(s)? No Yes

NOTICE TO ARKANSAS APPLICANTS: “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.”

NOTICE TO COLORADO APPLICANTS: “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.”

NOTICE TO FLORIDA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.”

NOTICE TO MAINE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “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 CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.”

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. Applicant's acceptance of Company's quotation and Company's written agreement to be bound are required to bind coverage and to issue policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.

SIGNATURE OF APPLICANT

DATE

PRINT NAME AND TITLE

BROKERAGE FIRM

ADDRESS OF BROKERAGE FIRM

CONTACT PERSON AND TELEPHONE NUMBER

EMAIL ADDRESS