

NJ OL&T Program

Underwritten By:
INSURANCE INNOVATORS, INC.
 PO Drawer 969, Glenside, PA 19038
 (215)885-7300 Phone (215)886-2482 Fax

Print or Type _____ Insured's Location: _____
 Applicants _____
 Name and Mailing Address _____ Renewal of Pol. # _____
 Producer Name: _____

An Effective date MUST be entered and may not be earlier than postmark or fax date.

| | | | | | | |
|-------------------------|-----|------|--------------|-----|------|-----------------------------------|
| From: Month | Day | Year | To: Month | Day | Year | 25% MINIMUM EARNED PREMIUM |
| (12:01AM STANDARD TIME) | | | | | | |

COVERAGES

| LIMIT OF COVERAGE | COVERAGES | MED PAY |
|-------------------|--|-------------------------|
| \$ | Commercial General Liability-OL&T Coverage ___ 1 Family ___ 3 Family ___ 2 Family ___ 4 Family | \$1,000 Included |

MORTGAGEE(S) NAME:

ADDRESS:

LOAN NUMBER:

**** Quote contingent on all information meeting underwriting criteria**

UNDERWRITING QUESTIONNAIRE

- | | |
|---|--|
| <p>1. Occupation - Applicant _____ Spouse _____ SS# of Applicant _____ Spouse _____</p> <p>2. Type of Property: <input type="checkbox"/> Dwelling <input type="checkbox"/> Condo (if risk is condo, liability coverage only is available).</p> <p>3. Type of Construction <input type="checkbox"/> Masonry <input type="checkbox"/> Frame</p> <p>4. Animals/Reptiles on Premises? <input type="checkbox"/> YES <input type="checkbox"/> NO Type/Breed?</p> <p>5. Prior liability carrier _____ Policy No. _____ Expiration Date? _____</p> <p>6. Any lapse in coverage <input type="checkbox"/> YES (Explain) <input type="checkbox"/> NO</p> | <p>7. Has the applicant suffered any losses during the last 3 years? <input type="checkbox"/> YES (Explain) <input type="checkbox"/> NO</p> <p>8. Has any company canceled or refused insurance to the applicant? <input type="checkbox"/> YES (Explain) <input type="checkbox"/> NO</p> <p>9. Heating system type _____ If oil, where is tank located? _____ Last Update to heating system _____</p> <p>10. Type of electrical service--- circuit breakers/amp _____ fuses _____ Last electrical update _____</p> <p>11. Has the applicant had any foreclosures or bankruptcies <input type="checkbox"/> YES (Explain) <input type="checkbox"/> NO</p> <p>12. Seasonal or Yearly Rental _____</p> <p>13. Swimming Pool on Premises <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
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NOTICE TO PRODUCER: This is an application for insurance only. No Binding Authority is extended to the Producer, nor is coverage bound until received and approved by the Insurance Underwriters.

APPLICANTS STATEMENT

I understand that as a part of this company's routine procedure for reviewing applications for insurance or renewals of insurance policies, a routine inquiry may be made. Such inquiry usually contains information as to an applicant's character, general reputation, personal characteristics and mode of living. If such inquiry is made, further information on the nature and scope of the inquiry is available upon written request. Photographs of the insured property will be taken by a property inspector.

 DATE SIGNATURE OF PRODUCER (REQUIRED) SIGNATURE OF APPLICANT(S)

Underwriting Rules:

1. **Risks Must be Tenant Occupied.**
2. **Ineligible risks include** condemned, disrepaired risks, risks located next to vacant properties, seasonal risks, vacant risks, personal bankruptcies, risks with non-fenced pools or spas, fuses, risks having an underground oil tank or any property with EIFS or EIFS derived cladding, risks under construction or major (structural) renovations, trampolines, unfavorable credit and risks with daycare operations.
3. Property must be free of liability hazards such as severely broken steps or sidewalks, falling porches, etc...
4. Risks with losses should be submitted with full details for consideration.
5. No business may be conducted on premises.