

KwikRisk

Application

RIS, Inc.
 resource insurance services
 159 Jo-Jean Way
 Tavernier, FL 33070
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Name:	
Agency:	
Address:	
Phone:	FAX:

KwikRisk - FINANCIAL INSTITUTION

Name of Financial Institution
Address
City / State / County / Zip

Effective Date	Term Desired
	<input type="checkbox"/> 3 mos. <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year
Property Address	
City / State / County / Zip	

PROPERTY DESCRIPTION (please provide a brief description of property):

Outstanding Loan Balance: \$ (If "lender placement" coverage) – OR - Insured Limit Desired: \$ (If REO coverage) @ 90% coins.	Year Built:	Construction Type (choose one): <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry Noncombustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Fire Resistive
Square Footage of Building:	Stories	Free standing? <input type="checkbox"/> yes <input type="checkbox"/> no Fencing?

PREMISES INFORMATION

STATUS OF LOAN: <input type="checkbox"/> lender place <input type="checkbox"/> process of foreclosure <input type="checkbox"/> REO <input type="checkbox"/> other ⇒	Please explain other:
If building is/will be undergoing renovations during the insured term, advise the extent:	
Describe area of location <input type="checkbox"/> commercial <input type="checkbox"/> residential <input type="checkbox"/> urban <input type="checkbox"/> rural <input type="checkbox"/> industrial	
General condition of the building <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (any existing damage, fire or otherwise):	
Are regular checks made to the premises? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how often?	Is building boarded? <input type="checkbox"/> yes <input type="checkbox"/> no
Protective safeguards Central Station Fire Alarm <input type="checkbox"/> yes <input type="checkbox"/> no Central Station Burglar Alarm <input type="checkbox"/> yes <input type="checkbox"/> no	Protection Class Code of Property: Utilities operational? <input type="checkbox"/> yes <input type="checkbox"/> no Operational sprinklers? <input type="checkbox"/> yes <input type="checkbox"/> no Fire Department? <input type="checkbox"/> paid <input type="checkbox"/> volunteer
Have there been any property losses in past 3 years? Yes No If Yes, Describe (in detail) any losses and amount paid in the last three (3) years.	

Additional Mortgagee Name/Address (if any):
Update to Structure last 15 years (roof, wiring, plumbing):
Former Carrier / reason for cancellation of borrower's coverage:
Is property vacant? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide reason:
Any back taxes owed or property liens on building? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe:

Fraud Statement: Any Person who knowingly and with the 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 such violation

Signature of Applicant:	Date:
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(Signed Application required in order for coverage to be bound)