ALWAYS FAITHFUL INSURANCE AGENCY

Dr. George Rapciewicz Jr., Principal Broker
CA Broker License #4476212 | NPN #21686200 | Licensed P&C Broker in 21 States
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California Certified Disabled Veteran Business Enterprise & Small Business #2045250

LANDLORD / RENTAL PROPERTY APPLICATION

This form asks for confidential information. Send the completed form only to support@semperfiservicesolutions.com. We keep your information confidential and use it only to quote and place your insurance.

OWNER

Named Insured(s):

Mailing Address:

City: State: ZIP: Phone:

Email: Best time to call:

Date of Birth (primary): Occupation: Desired Effective Date:

Owned by ☐ Individual(s) ☐ Trust ☐ LLC ☐ Corporation ☐ Partnership

Name on title:

RENTAL PROPERTY

Use one form per address.

Property Address:

City: ZIP: County:

Property type ☐ Single family ☐ Condo / townhome ☐ Duplex ☐ Triplex ☐ Fourplex

Year Built: Square Feet: Units: Stories: Year Purchased:

Exterior construction ☐ Wood frame ☐ Stucco over frame ☐ Masonry / block ☐ Other

Roof material ☐ Composition ☐ Tile ☐ Metal ☐ Wood shake ☐ Flat / other

Year roof installed or replaced:

System updates (year last replaced or fully updated)

	Electrical	Plumbing	Heating / AC	Water Heater
1				

OCCUPANCY AND TENANTS

Rental type ☐ Long-term lease (6+ mo.) ☐ Month-to-month ☐ Short-term (Airbnb/VRBO) ☐ Vacant

Does the owner or a family member live in any unit? ☐ Yes ☐ No

Monthly rent per unit $: Units currently occupied: Longest vacancy last 12 months (days):

Do you use a written lease? ☐ Yes ☐ No

Do you require tenants to carry renters insurance? ☐ Yes ☐ No

Do you screen tenants (credit, background, rental history)? ☐ Yes ☐ No

Is the property managed by a property management company? ☐ Yes ☐ No

If yes, company name:

Is any tenant receiving Section 8 / housing assistance? ☐ Yes ☐ No

HAZARDS

Is there a pool, spa, trampoline or play structure available to tenants? ☐ Yes ☐ No

If a pool, is it fenced with a self-latching gate? _____

Are tenants allowed to keep dogs? ☐ Yes ☐ No

If yes, any breed restrictions: _____

Any building, health or fire code violations, open permits or tenant lawsuits? ☐ Yes ☐ No

If yes, explain: _____

Protective devices:

☐ Smoke detectors in every unit ☐ Carbon monoxide detectors ☐ Fire extinguishers
☐ Deadbolts ☐ Exterior lighting ☐ Monitored alarm

Losses or claims at this property, last 5 years

#	Date	Type	Amount Paid	Description
1				
2				
3				

COVERAGE REQUESTED

Building $: _____ Loss of Rents (months): _____ Owner's Contents $: _____

Liability ☐ $300,000 ☐ $500,000 ☐ $1,000,000

Deductible ☐ $1,000 ☐ $2,500 ☐ $5,000

Mortgage Company / Lender: _____ Loan Number: _____

CURRENT INSURANCE

Current Insurance Company: _____ Policy Expires: _____

Has any insurance company canceled, non-renewed or declined this property in the last 3 years? ☐ Yes ☐ No

If yes, company, date and reason: _____

Has coverage lapsed (gone without insurance) at any time in the last 3 years? ☐ Yes ☐ No

Attach your current declarations page if you have one; it is the fastest way for us to match or beat your coverage.

APPLICANT SIGNATURE

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The undersigned states that the information provided in this application is true and complete to the best of their knowledge, and authorizes Always Faithful Insurance Agency to submit it to insurance companies for the purpose of obtaining quotations. Submitting this form does not bind coverage; coverage begins only when confirmed in writing by the agency or the insurance company.

Printed Name: _____ Title (if business): _____

Signature: _____ Date: _____

Sign by typing your name in the signature box, signing with your PDF reader's Fill & Sign tool, or printing and signing by hand. Email the completed form to support@semperfiservicesolutions.com or call 650-489-2592.