

**RHODE ISLAND JOINT REINSURANCE ASSOCIATION
APPLICATION FOR COMMERCIAL LINES LEAD LIABILITY INSURANCE INSPECTION AND PLACEMENT**

RHODE ISLAND JOINT REINSURANCE ASSOCIATION
TWO CENTER PLAZA, BOSTON, MA 02108 – 1904
PHONE: (617) 723-3800 (800) 851-8978 FAX: (800) 699-2985
VISIT OUR WEB SITE – WWW.RIJRA.COM

UND INITIALS _____

DATE _____

APPROVED
 REJECTED

THIS APPLICATION IS NOT A BINDER OF INSURANCE

PLEASE TYPE OR PRINT CLEARLY. PROVIDE ALL THE INFORMATION REQUESTED.
SEE RIJRA CL2 FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION

	POLICY #
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1. APPLICANT(S) NAME & MAIL ADDRESS		2. IF APPLICATION IS SUBMITTED BY A LICENSED BROKER/AGENT	
NAME (AS IT SHOULD APPEAR ON POLICY)		NAME OF LICENSED BROKER/AGENT	
#/STREET		#/STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME OF THE PERSON THE INSPECTOR CAN CONTACT FOR INSPECTION OF THE PROPERTY		TELEPHONE #	FAX #
CONTACT'S HOME TELEPHONE #	CONTACT'S BUSINESS TELEPHONE #	TAX IDENTIFICATION #	
APPLICANT'S OCCUPATION	SOCIAL SECURITY #	LICENSE #	

3. LOCATION OF PROPERTY, IF DIFFERENT FROM ABOVE (ITEM1)

# STREET	CITY/STATE/ZIP
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4. PRESENT OR PRIOR INSURANCE INFORMATION

PRESENT OR PRIOR INSURER	COVERAGE TYPE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> GENERAL AGGREGATE	BUILDING COVERAGE LIMIT \$	COMMERCIAL GENERAL LIABILITY COVERAGE LIMIT \$	EXPIRATION DATE
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5. DESCRIPTION OF PREMISES: (INCLUDE CLASS CODE, OCCUPANCY, CONSTRUCTION, NUMBER OF RENTAL UNIT, NUMBER OF DWELLINGS IF LESSOR'S RISK, AND SQUARE FOOTAGE IF DORMITORY.)

OCCUPANCY: _____

CLASS CODE: _____ CONSTRUCTION: _____ # OF RENTAL UNIT(S): _____

OF DWELLINGS IF LESSOR'S RISK: _____ SQUARE FOOTAGE IF DORMITORY: _____

6. COVERAGE REQUESTED

LEAD LIABILITY COVERAGE LIMITS		PROVISIONAL RATE	TENTATIVE PREMIUM
EACH OCCURRENCE LIMIT	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000		
GENERAL AGGREGATE LIMIT	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$600,000 <input type="checkbox"/> \$1,000,000		

7. THE EFFECTIVE DATE WILL BE THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION, OR A LATER DATE IF SHOWN BELOW.

EFFECTIVE DATE	RETROACTIVE DATE RETROACTIVE DATE WILL BE NO EARLIER THAN THE INCEPTION DATE OF THE FIRST LEAD LIABILITY POLICY WRITTEN WITH RIJRA. WHEN ANY LAPSE OF COVERAGE OCCURS, THE ASSOCIATION WILL SET THE RETROACTIVE DATE.	ANNUAL TENTATIVE PREMIUM \$	DOWN-PAYMENT (MINIMUM 25%) \$
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8. BUILDING INFORMATION

BUILDING IS:

OWNER OCCUPIED
 SEASONAL
 PARTIALLY VACANT/UNOCCUPIED
 UNDER REHABILITATION
 LETTER OF INTENT REQUIRED

NON OWNER OCCUPIED
 VACANT/UNOCCUPIED
 IF PARTIALLY VACANT/UNOCCUPIED % OF VACANCY: _____ %
 DAY/CHILD CARE
 # OF CHILDREN _____

YEAR BUILT	DATE OF PURCHASE OF REAL PROPERTY
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APPLICANT(S) NAME	POLICY NUMBER
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10. LEAD COMPLIANCE LEVEL

IS THE PROPERTY IN COMPLIANCE WITH THE LEAD LEVEL INDICATED BELOW? YES NO

IF YES, PROVIDE A COPY OF THE CERTIFICATE OF COMPLIANCE OR CERTIFICATE OF CONFORMANCE.

LEAD FREE CERTIFICATE
 LEAD SAFE CERTIFICATE
 INDEPENDENT CLEARANCE INSPECTION CERTIFICATE
 VISUAL SELF - INSPECTION CERTIFICATE
 PRESUMPTIVE COMPLIANCE CERTIFICATE

IF NO, IS ANY OF THE UNIT WITHIN THE DWELLING IN COMPLIANCE? PROVIDE NUMBER OF COMPLIANT UNIT(S) AND THE CERTIFICATE FOR EACH COMPLIANT UNIT. # OF UNIT(S) _____

11. EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
A. DO YOU OWN ANY OTHER RESIDENTIAL PROPERTY UNIT(S)? (IF YES, STATE NUMBER OF THE BUILDING(S) AND NUMBER OF THE UNIT(S) IN THE BUILDING(S))			K. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES?		
B. HAS PROPERTY ON WHICH COVERAGE IS BEING REQUESTED, OR ANY OTHER PROPERTY OWNED BY THE APPLICANT RECEIVED A NOTICE OF VIOLATION FOR A LEAD POISONING HAZARD? (IF YES, SPECIFY THE DATE OF THE NOTICE AND THE REMEDIATION CERTIFICATION)			L. ARE YOU INDEBTED TO AN INSURANCE AGENT, BROKER OR COMPANY?		
C. DOES THE APPLICANT OWN ANY RESIDENTIAL UNIT AT WHICH ANY CHILDREN WERE POISONED? IF YES, HOW MANY CHILDREN WERE POISONED? PROVIDE LOCATION OF UNIT(S).			M. HAVE YOU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY FOR ONE YEAR OR MORE?		
D. IS THERE ANY PEELING, CHIPPING OR FLAKING PAINT ON PREMISES?			N. HAVE YOU, THE MORTGAGEE, OR ANY OTHER PERSON HAVING A FINANCIAL INTEREST IN THE PROPERTY BEEN INDICTED, CONVICTED, OR INVOLVED WHERE AN UNRESOLVED INDICTMENT FOR THE CRIME OF ARSON OR FOR A CRIME INVOLVING A PURPOSE TO DEFRAUD AN INSURANCE COMPANY? *		
E. ANY WATER DAMAGE CLAIMS OR LEAKING PIPES ON PREMISES?			O. HAS THE APPLICANT FILED A VOLUNTARY PETITION, OR BEEN NAMED AS THE DEBTOR IN AN INVOLUNTARY PETITION, UNDER THE UNITED STATES BANKRUPTCY CODE OR IS THE APPLICANT ACTING AS BANKRUPTCY TRUSTEE OR PERSON PERFORMING A SIMILAR FUNCTION?		
F. HAVE YOU HAD ANY PROPERTY LOSSES OR ANY LIABILITY CLAIMS BROUGHT AGAINST YOU IN THE PAST FIVE YEARS? (IF YES, STATE TYPE (S), DATE (S), AMOUNT (S) IN REMARKS)			P. HAS THE HEAT, WATER OR PUBLIC LIGHTING BEEN OUT OF SERVICE FOR THE LAST 30 DAYS OR MORE?		
G. HAS PRESENT INSURER FURNISHED NOTICE OF NON-RENEWAL OR NOTICE OF CANCELLATION?			Q. HAS A STATE OR MUNICIPAL OFFICIAL NOTIFIED YOU IN WRITING OF ANY BUILDING, SANITARY, FIRE OR OTHER CODE VIOLATION (S) AT THE PROPERTY, WHICH ARE CURRENTLY OUTSTANDING?		
H. ANY UNREPAIRED DAMAGE?					
I. DO ANY OF THE FOLLOWING EXIST? (A) OUTSTANDING ORDER TO VACATE; (B) OUTSTANDING DEMOLITION ORDER; OR (C) DECLARED UNSAFE?					
J. ARE THERE ANY ROOMERS OR BOARDERS RESIDING ON THE PREMISES? (IF YES, STATE NUMBER.)					

REMARKS (USE ADDITIONAL SHEET IF NEEDED)

SIGNATURE

BY SIGNING THIS APPLICATION I (WE) CERTIFY THAT I (WE) HAVE AN INSURABLE INTEREST IN THE PROPERTY, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES HEREON MAY VOID ANY POLICY ISSUED. I (WE) FURTHER CERTIFY THAT I (WE) HAVE MADE REASONABLE EFFORT TO OBTAIN INSURANCE AND HAVE BEEN UNABLE TO OBTAIN IT ELSEWHERE. THE ABOVE NAMED LICENSED BROKER OR AGENT IS AUTHORIZED TO ACT AS MY (OUR) BROKER OF RECORD FOR PURPOSE OF THIS APPLICATION AND ANY RESULTING INSURANCE. I (WE) HAVE READ THE INSPECTION NOTICE AND CREDIT REPORTING NOTICE PROVIDED ON THE RIJRA CL2 AND UNDERSTAND THAT THESE NOTICES FORM A PART OF THIS APPLICATION, SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

*NOTE: FAILURE TO DISCLOSE THE EXISTENCE OF AN ARSON CONVICTION ON THIS APPLICATION IS A MISDEMEANOR PUNISHABLE BY A SENTENCE OF NOT MORE THAN ONE YEAR IMPRISONMENT.

SIGNATURE (S) OF ALL APPLICANTS (INCL. ADDITIONAL INSURED)	DATE	SIGNATURE (S) OF ALL APPLICANTS (INCL. ADDITIONAL INSURED)	DATE
SIGNATURE (S) OF ALL APPLICANTS (INCL. ADDITIONAL INSURED)	DATE	SIGNATURE (S) OF ALL APPLICANTS (INCL. ADDITIONAL INSURED)	DATE

UNDER THE PENALTIES OF PERJURY, I HEREBY CERTIFY THAT I AM A LICENSED BROKER OR AGENT OF RHODE ISLAND THAT THE TAX IDENTIFICATION NUMBER PROVIDED ON THIS FORM IS TRUE AND COMPLETE AND THAT I AM UNABLE TO OBTAIN INSURANCE ELSEWHERE ON BEHALF OF THE APPLICANT.

SIGNATURE OF LICENSED BROKER OR AGENT	DATE
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