

**RHODE ISLAND JOINT REINSURANCE ASSOCIATION
APPLICATION FOR PERSONAL 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 PL2 FOR THE INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS TO COMPLETE APPLICATION

		POLICY #
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	POLICY# <input type="checkbox"/> HO <input type="checkbox"/> DW	EXPIRATION DATE	BUILDING COVERAGE LIMIT \$	PERSONAL LIABILITY COVERAGE LIMIT \$
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5. APPLICATION IS SUBMITTED FOR:

<input type="checkbox"/> IMMEDIATE COVERAGE WITH HOMEOWNERS OR DWELLING PERSONAL LIABILITY APPLICATION	<input type="checkbox"/> IMMEDIATE COVERAGE FOR A STAND ALONE LEAD LIABILITY POLICY	<input type="checkbox"/> AS AN ENDORSEMENT ADDING LEAD LIABILITY COVERAGE TO RIJRA HOMEOWNERS OR DWELLING PERSONAL LIABILITY POLICY # _____
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6. COVERAGE REQUESTED

COVERAGE DESCRIPTION	COVERAGE LIMIT		
L. LEAD LIABILITY (EACH OCCURRENCE)	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$300,000
	<input type="checkbox"/> \$400,000	<input type="checkbox"/> \$500,000	

7. DWELLING INFORMATION

BUILDING IS:

<input type="checkbox"/> OWNER OCCUPIED	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> PARTIALLY VACANT/UNOCCUPIED	<input type="checkbox"/> UNDER REHABILITATION	LETTER OF INTENT REQUIRED
<input type="checkbox"/> NON OWNER OCCUPIED	<input type="checkbox"/> VACANT/UNOCCUPIED	IF PARTIALLY VACANT/UNOCCUPIED % OF VACANCY: _____ %	<input type="checkbox"/> UNDER CONSTRUCTION	LETTER OF INTENT REQUIRED

DWELLING CONTAINS:

<input type="checkbox"/> 1 APT.	<input type="checkbox"/> 3 APT.	<input type="checkbox"/> MOBILE HOME	IF TOWNHOUSE / ROWHOUSE
<input type="checkbox"/> 2 APT.	<input type="checkbox"/> 4 APT.	<input type="checkbox"/> DAY/CHILD CARE	# OF FAMILY UNITS PER FIRE DIVISION _____
		# OF CHILDREN _____	# OF UNITS OWNED BY APPLICANT _____

YEAR BUILT	DATE OF PURCHASE OF REAL PROPERTY	# OF RENTAL UNIT(S)
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8. THE EFFECTIVE DATE WILL BE THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION, OR A LATER DATE IF SHOWN BELOW.

EFFECTIVE DATE	ANNUAL TENTATIVE PREMIUM	DOWN-PAYMENT (MINIMUM 25%)
	\$ _____	\$ _____

APPLICANT(S) NAME	POLICY NUMBER
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9. 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 UNIT WITHIN THE DWELLING IN COMPLIANCE? PROVIDE NUMBER OF COMPLIANT UNIT(S) AND THE CERTIFICATE FOR EACH COMPLIANT UNIT. # OF UNIT(S) _____.

10. 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 UNIT(S) IN THE BUILDING(S))			L. ARE YOU INDEBTED TO AN INSURANCE AGENT, BROKER OR COMPANY?		
B. HAS PROPERTY ON WHICH COVERAGE IS BEING REQUESTED, OR ANY OTHER PROPERTY OWNED BY THE APPLICANT RECEIVED A NOTICE OF VIOLATION FOR LEAD POISONING HAZARD? (IF YES, SPECIFY THE DATE OF THE NOTICE AND THE REMEDIATION CERTIFICATION.)			M. HAVE YOU FAILED TO PAY REAL ESTATE TAXES ON THE PROPERTY FOR ONE YEAR OR MORE?		
			N. HAS THE HEAT, WATER OR PUBLIC LIGHTING BEEN OUT OF SERVICE FOR THE LAST 30 DAYS OR MORE?		
C. DOES THE APPLICANT OWN ANY RESIDENTIAL UNIT(S) AT WHICH ANY CHILDREN WERE POISONED? IF YES, HOW MANY CHILDREN WERE POISONED? PROVIDE LOCATION OF UNIT(S).			O. 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? *		
D. IS THERE ANY PEELING, CHIPPING OR FLAKING PAINT ON PREMISES?					
E. ANY WATER DAMAGE CLAIMS OR LEAKING PIPES ON PREMISES?			P. 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)					
G. HAS PRESENT INSURER FURNISHED NOTICE OF NON-RENEWAL OR NOTICE OF CANCELLATION?			Q. ARE THERE ANY ROOMERS OR BOARDERS RESIDING ON THE PREMISES? (IF YES, STATE NUMBER PER FAMILY)		
H. ANY UNREPAIRED DAMAGES?			R. IF OWNER OCCUPIED, IS THE UNIT IN WHICH YOU RESIDE ON THE RESIDENCE PREMISES RENTED OR INTENDED FOR RENTAL AT ANY TIME DURING THE YEAR? IF YES, STATE NUMBER OF WEEKS YOUR UNIT ON THE RESIDENCE PREMISES IS OR WILL BE RENTED. _____ WEEKS		
I. DO ANY OF THE FOLLOWING EXIST? (A) OUTSTANDING ORDER TO VACATE; (B) OUTSTANDING DEMOLITION ORDER; OR (C) DECLARED UNSAFE?					
J. 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?			S. IF OWNER OCCUPIED, DOES THE APPLICANT RESIDE IN OR OCCUPY ANY OTHER PREMISES OTHER THAN THE LOCATION INSURANCE IS BEING REQUESTED FOR?		
K. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES?			T. ANY FULL TIME RESIDENCE EMPLOYEES? (NUMBER AND TYPE OF FULL TIME AND PART TIME EMPLOYEES)		

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 PL2 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

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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