

Please complete the appropriate sections of this application and return to  
CSI INSURANCE at the address, number or URL shown at the bottom of the page.

**CSI REAL ESTATE INVESTOR PROTECTION PROGRAM  
ENROLLMENT FORM**

1. Real Estate Investor's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ SocSecurity#/FEIN# \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_ Years in business \_\_\_\_\_  
Type of Business Organization (DBA, Individual, Corporation, LLC, Other--, Explain) \_\_\_\_\_

2. Has applicant ever been under receivership, conservatorship or filed bankruptcy? \_\_\_\_\_ If so, list  
dates and current disposition \_\_\_\_\_

Please give number of properties purchased per year and the average time property is held.

Residential:	No.	_____	Value	_____	Time Held	_____
Mobile Home:	No.	_____	Value	_____	Time Held	_____
Commercial:	No.	_____	Value	_____	Time Held	_____

3. Real Estate Portfolio:

	Residential	Mobile Home	Commercial
Number of owned properties	_____	_____	_____
Average value	_____	_____	_____
Average monthly rents	_____	_____	_____
Average time held	_____	_____	_____
Are there any unusual exposures? YES _____ NO _____			

If "YES," please describe:  
\_\_\_\_\_

4. Will there be properties under construction/renovation? \_\_\_\_\_ If yes, report completed value when  
construction is finished at the time property is added. Also report if property is under construction.  
\_\_\_\_\_

5. Please provide a current schedule of properties to be insured, as indicated (complete attached form):

- a. Description (residential, mobile home, commercial)
- b. Occupancy (residential, commercial, builder's risk, etc.)
- c. Street Address, City, State, Zip and County
- d. Status (occupied or vacant)
- e. Insured Amount & Basis (Replacement Cost or Actual Cash Value) For Builder's Risk,  
list completed value when construction is finished.

6a. Is Liability coverage desired for properties? \_\_\_\_\_ If so, list desired amount: \_\_\_\_\_

Occurrence Limit: \$ \_\_\_\_\_ per location

General Aggregate: \$ \_\_\_\_\_ in all

Products Aggregate: \$ \_\_\_\_\_ in all

Fire Damage Legal: \$ \_\_\_\_\_ any one fire

Medical Payments: \$ \_\_\_\_\_ any one person

6b. Special Endorsements Desired: Terrorism Coverage \_\_\_\_\_ Flood Coverage \_\_\_\_\_ Any other Special Endorsements requested \_\_\_\_\_

7. Is coverage presently in effect? \_\_\_\_\_

If so, indicate present carrier name and policy number:

Present Rates:

Residential \_\_\_\_\_ Mobile Home \_\_\_\_\_ Commercial \_\_\_\_\_ Liability \_\_\_\_\_

Present Deductible:

Residential \_\_\_\_\_ Mobile Home \_\_\_\_\_ Commercial \_\_\_\_\_ Liability \_\_\_\_\_

Loss Experience: Please indicate all losses and insurance recoveries for the past three years  
Include loss runs from previous carrier(s).

Has any similar coverage been canceled or non-renewed during the last three years? If so, please give details (name of carrier, policy dates, and reason).

8. Are properties purchased separately or as a portfolio? \_\_\_\_\_

9. Are physical inspections made? \_\_\_\_\_ Frequency \_\_\_\_\_ Exterior and Interior? \_\_\_\_\_

10. Is outside firm contracted to make inspections? If so, provide name, address, telephone number, type of firm (i. e. property management firm, inspection firm realtor, etc.) and years in business

Compensation insurance prior to hiring, and are you named as Additional Insured on their insurance policies? Yes \_\_\_\_\_ No \_\_\_\_\_ Give Explanation \_\_\_\_\_

## CSI INSURANCE GROUP

2920 Taylor Street, Dallas, Tx 75226

Toll Free: 800-204-1523 Fax: 800-590-3211

E-Mail Questions or For More Info to: Steve Spalding at [steve@csicoverage.com](mailto:steve@csicoverage.com)

By signing this application, the applicant agrees to maintain accurate books and records for the purpose of establishing the effective date of coverage for any property to be covered under this policy and to permit access to such records by any representative of the Company/Insurance Carrier(s).

NOTICE OF INSURANCE INFORMATION PRACTICES: Personal information about you and/or your company may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and (NY: Substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, insurance benefits may also be denied).

By signing this application, I am attesting to the accuracy of information provided in this application and any attached supplements. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

THE SIGNING OF THIS ENROLLMENT FORM DOES NOT BIND THE INVESTOR TO PURCHASE THE INSURANCE, NOR DOES REVIEW OF THE ENROLLMENT FORM BIND THE INSURANCE COMPANY TO ISSUE A POLICY.

Resident Surplus Lines Broker Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Producing Agent Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Real Estate Investor's Name:

First Name	Last Name	Requested Login*	Requested Password*	Title	Email Address	Phone Number

\* Typically first letter of first name + last name is used for the Requested Login

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