

(847) 572-6000 Fax (847) 572-6137 Underwriting Manager A Markel Company

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

APPLICATION FOR TENANT DISCRIMINATION LIABILITY INSURANCE POLICY

(Claims Made & Reported Form)

APPLICANT'S INSTRUCTIONS:

- 1. Answer all questions. If the answer requires detail, please attach a separate sheet.
 - 2. Application must be signed and dated by owner, partner or officer.
 - 3. Attach copy of your firm's brochure. THIS IS IMPORTANT.
- 4. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION. (PLEASE TYPE OR PRINT IN INK)

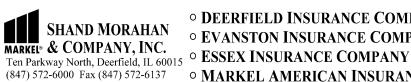
APP	PPLICANT INFORMATION				
a.	Name of Applicant:				
b.	Address:				
	Street City State	Zip Code			
c.	(i) Contact Person:				
	(ii) Address (if different from above):				
1 .	Telephone: Fax: E-Mail:				
	Number of Employees: Full time Part time Office Field or On S	Site:			
•	Applicant is: [] Partnership/Joint Venture [] Individual Proprietor [] Corporation [] Public Agency [] Other – describe				
J.	If Corporation, state exact name:				
٦.	Number of years in business:				
	Coverage Requested: Limits Effective Date:				
	Coverage Desired:				
	Reimbursement Insurance Expense Only				
	Reimbursement Insurance Loss and Expense				
	Pay on Behalf of Loss and Expense				
k.	Co-insurance desired, if other than 5% stated in policy.				
	Co-insurance is applicable only on judgments and/or settlements.				
	Are you part of an affiliated group of entities? [] Yes [] No If yes, describe:				
n.	Annual Revenues: Last Year : Current Year: Next Year (est.):			
n.	Property Under Management*:				
	(i) Number of locations:				
	(ii) Commercial:				
	Retail: square feet number of units				
	Office: square feet number of units				
	Industrial: square feet number of units				
	(iii) Residential:				
	Number of Units				

*Note: Attach a separate schedule listing properties managed, address, number and type of units.

0	Δre any units either adult-only or senior citizen	, or restricted to any other protected classes?
O	If yes, please describe:	
2. C	CLAIMS/HISTORY	
<u>2. </u>		the type to be covered in the past three years?
a	If yes, please complete SUPPLEMENTAL CLA	
b		u believe will help expedite the underwriting of this application.
D	. Attach a harrative with any information that you	d believe will help expedite the underwriting of this application.
ARE FI		ation is being made is limited to liability for only THOSE CLAIMS THAT E POLICY PERIOD AND REPORTED TO THE INSURER DURING THE TRATION OF THE POLICY PERIOD.
	int warrants that its properties are in compliance ties, and that applicant has a policy of non-discrimin	with statutory and regulatory requirements for persons with physical ation in renting of its premises.
insuran issuand	ce and deemed incorporated therein, should the	contained herein is true and that it shall be the basis of the policy of Company/Underwriters evidence its acceptance of this application by information from any prior insurer to Shand Morahan & Company, Inc.,
AN API OR CO	PLICATION FOR INSURANCE OR A STATEMENT	DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS A CRIME.
Name of Applicant		Title (Officer, partner, etc.)
Signature of Applicant		Date
Name o	of Broker:	
Addres	s:	
		Applicable Surplus Lines Tax payable in addition to premium.
	IG this application does not bind the Applicant or the this application will be attached to the policy, if issu	Insurer or the Underwriting Manager to complete the insurance, but one led.

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DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE AND ELECTION FORM

RE:			
Risk	ID.	No.	

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act ("Terrorism Coverage"): The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that Terrorism Coverage required to be offered by the Act for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this Terrorism Coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

PLEASE ENTER "X" IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.

Florida, Georgia and Oklahoma Applicants: Please be advised that in the event a policy is purchased, the policy premium will include a 1% surcharge for Terrorism Coverage unless you elect to decline Terrorism Coverage. You need to enter an "X" below if you wish to decline Terrorism Coverage.

	•	orism Coverage required to be offered under the Act. I vill include a 3% surcharge for this coverage.
		overage required to be offered under the Act. I understand slude the Terrorism Coverage required to be offered under
Name of A	Applicant	Title (Officer, partner, etc.)
Signature of Applicant		Date

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.