



Omni Insurance Services LLC  
12 Mohawk Place  
Amsterdam NY 12010  
833-261-6100

**Named Insured – Applicant Information**

1. House corporation entity name (Named Insured)
2. House corporation mailing address
3. House corporation contact person name
4. House corporation contact email address
5. House corporation contact telephone number
6. National Fraternity name
7. Chapter name
8. School/University

**Fraternity House Information**

9. House physical address
10. Square footage above grade                                  Finished Basement Square Footage
11. Number of beds
12. Number of stories
13. Fraternity House Construction Type                                   Frame                                   Joisted Masonry                                   Fire Resistant
14. Age of roof
15. Year built
16. Year remodeled

**Loss History & Property Information**

17. In the last 5 years have you had a liability claim ?                                  Yes     No
18. In the last 5 years have you had a property damage claim ?                                  Yes     No
19. Are you currently aware of any incident in the last 5 years that may become a claim ?                                  Yes     No
20. If yes to #19 above, please explain \_\_\_\_\_
21. Is the fraternity house protected with any of the following:
  - a. Fire sprinkler system    Yes     No
  - b. Fire alarm system    Local     Central Station     No
  - c. Electronic access control system    Yes     No
  - d. Live-In House Director    Yes     No
  - e. Professional contracted property management    Yes     No
  - f. Low Temperature Alarm    Yes     No
  - g. Kitchen Hood with ANSUL system    Yes     No
  - h. Electronic Leak Detection System/Alarm    Yes     No
22. Does the property contain any of the following items?
  - a. Pool or hot tub    Yes     No
  - b. Commercial kitchen    Yes     No
  - c. Fire pit    Yes     No
23. Does the fraternity house actually house members of the above listed national fraternity ?                                  Yes     No
24. If no to #23 above, who is the tenant of the fraternity house \_\_\_\_\_

### Desired Coverage – Property

#### Decline Property Coverage

Insured Amount - Chapter House Building \$

Insured Amount- Personal Property

*Default is 5% of building above or elect*

Insured Amount- Business Income

*Default is 20,000, or  elect up to \$1,000,000 \_\_\_\_\_*

Insured Amount- Equipment Breakdown

*Included up to total TIV or \$10,000,000*

**Please note – Insured values below \$275/SF (Frame) and \$325/SF (Joisted Masonry & better) are subject to underwriting approval. FRMT underwriting rules will not allow property to be underinsured.**

Insured Amount- Law & Ordinance  \$100,000  \$250,000  \$500,000  \$1,000,000  \$Other \_\_\_\_\_

Desired Deductible  \$2,500  \$5,000  \$10,000  \$25,000  \$Other \_\_\_\_\_

### Desired Coverage – Liability

Decline Liability Coverage

\$1,000,000/2,000,000 Aggregate primary CGL policy with \$5,000 deductible.

I understand this option will remove me from the National Fraternity policy if I am currently insured on that policy.

\$1,000,000 Excess CGL policy

I understand this option is predicated on primary coverage from the national fraternity of \$250,000 and I am subject to the limits, terms, and conditions of the national policy.

Other

### Mortgage Information

No Mortgage

Mortgage Company

Loan Number

## Representations and acknowledgments:

- a. The Undersigned represents that the statements, representations, and information contained in or attached to this Application are true and complete, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application.
- b. The Undersigned acknowledges and recognizes that the statements, representations, and information contained in or attached to this Application are material to the risk assumed by the insurer; that any policy will have been issued in reliance upon the truth thereof; and that this Application and all written statements and materials furnished to the Insurer in conjunction with this Application shall be deemed incorporated into and made a part of the policy, should a policy be issued
- c. The Undersigned acknowledges and agrees that if the information supplied on this Application or in any attachments changes between the date of the Application and the inception date of the policy period, the Applicant will immediately notify the insurer of such change, and the insurer may withdraw or modify any outstanding quotations or agreement to bind the insurance.

**Please submit 5-year loss runs for both Property and Liability with this application. Your application will not be processed until both loss runs are received.**

28. Name

29. Date

30. Signature

3.19.2024

Property & Liability Application V1