

Insurance Online, TEXAS

James Stafford Insurance Agency
 1562 NW Access Rd.
 Mount Vernon, TX 75457

Landlord Rental Dwelling Program

(2-25 homes)

Phone: (903) 537-2819

Toll-Free: 1-888-869-4904

Fax: 1-888-475-4437

Name:			Telephone:	Owners
Address:			Bus. Telephone:	
City:	State:	Zip:	Other Phone:	
Employer:		County:	Email Address:	

Owner (s)	Gender	Social Security #	Date of Birth
1.	M F		
2.	M F		

Entity: Individual Partnership Corporation Other: _____ (please circle one)

Liability: Liability Coverage: \$300,000 \$500,000 \$1mil \$2mil \$3mil (please circle one)

Properties to be Covered:

#	Address	City	Zip	Coverage	Yr Const.	Loss of Rents*	Building Type: Frame, Brick Veneer, Stone	Roof Type- Comp, Tile, etc.	Roof Age
1.				\$		Y N Rent: \$			
2.				\$		Y N Rent: \$			
3.				\$		Y N Rent: \$			
4.				\$		Y N Rent: \$			
5.				\$		Y N Rent: \$			
6.				\$		Y N Rent: \$			
7.				\$		Y N Rent: \$			
8.				\$		Y N Rent: \$			
9.				\$		Y N Rent: \$			

10.			\$		Y N Rent: \$			
11.			\$		Y N Rent: \$			
12.			\$		Y N Rent: \$			
13.			\$		Y N Rent: \$			
14.			\$		Y N Rent: \$			
15.			\$		Y N Rent: \$			
16.			\$		Y N Rent: \$			
17.			\$		Y N Rent: \$			
18.			\$		Y N Rent: \$			
19.			\$		Y N Rent: \$			
20.			\$		Y N Rent: \$			
21.			\$		Y N Rent: \$			
22.			\$		Y N Rent: \$			
23.			\$		Y N Rent: \$			
24.			\$		Y N Rent: \$			
25.			\$		Y N Rent: \$			

Loss Information

Any Losses on any properties in past three years? YES NO

If yes, please provide details (Property, Date, Type of Loss and Amount Paid) for each claim:

Claim #	Property Address	Date of Loss	Type of Loss	Amount Paid	Details of Loss
1.					
2.					
3.					
4.					
5.					
6.					

7.					
8.					
9.					

Applicant Signature Section:

I apply to the Company for an insurance policy based on the statements contained in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the Company.

I agree that if I pay my initial premium by check, the coverage afforded by this application is conditioned on the check being honored by the bank when presented for payment. If the check is not honored, Company shall be deemed not to have accepted the check, and this policy shall be void from inception.

NOTE: In connection with your request for a premium quotation: (1) we may obtain consumer reports or personal or privileged information from third parties; (2) in certain circumstances, such information, as well as other personal privileged information subsequently collected by us, may be disclosed to third parties without your authorization, but it is not our practice to do so; (3) you have the right to access and correct all personal information collected; and (4) at your request we will: (a.) confirm whether a consumer report was requested and, if so, provide the name and the address of the consumer reporting agency that furnished it; and (b) provide you more detailed information regarding our collection, use, and disclosure of personal information, and your rights to access and correct such information.

If your policy cancels for any reason, all fees, including the policy fee (if applicable) will be fully earned with remainder of premium earned on a prorated basis.

Applicant's Signature X _____ Date: _____

1. Complete the application.
2. Contact our office for binding instructions and methods of payment.