

AOA's Tenant Discrimination Insurance Program brought to you GS Insurance Solutions

TENANT DISCRIMINATION INSURANCE FOR PROPERTY OWNERS

Did you also know that most all apartment business owners policies exclude discrimination coverage?

According to the Department of Fair Employment & Housing of California in 2015 there were over 17,915 complaints were filed. Of these over 5,000 formal discrimination complaints were made. Most of these complaints against apartment owners were due to disability, retaliation, race and familial status (size of family). The average settlement in the legal division of the department of fair employment & housing was \$28,876 in 2015. According to the US Department of Housing & Urban Development (HUD), the most common complaint involved the rental or sale of a property.

The AOA's Tenant Discrimination Program for Property Owners Program is a Tenant Discrimination Insurance program featuring simplified underwriting for qualifying residential and commercial property owners.

Program Highlights

- ✓ Coverage limits of \$1,000,000
- ✓ Provides reimbursement insurance for lawsuits and charges alleging discrimination based on race, color, religion, age, sex, pregnancy, national origin, sexual orientation, familial status, disability (including ADA violations) or any other basis prohibited by federal, state, or local law.
- ✓ Reimbursement of legal expenses, judgments, and settlements
- ✓ Covers the Policyholder (Named Insured) as well as all lawfully appointed directors, trustees, officers, partners, shareholders, and employees of the Policyholder.
- ✓ Coverage extends to HUD charges and state or local fair housing agency charges
- ✓ Protects against claims brought by current, former and prospective tenants
- ✓ Coverage available nationwide

Rate Schedule by # of Units

Number of units	\$1M/\$1M Limit
1-10	\$999 Annual Premium
11-50	\$1,500 Annual Premium
51-100	\$2,500 Annual Premium
101-300	\$3,000 Annual Premium

- ✓ A+ Rated Insurance Company
- ✓ \$1M Coverage
- ✓ \$5,000 SIR – Deductible
- ✓ No co-insurance requirement
- ✓ Full prior acts coverage available on most risks
- ✓ No charge to add locations mid-term
- ✓ Insured has free-choice of counsel
- ✓ One Year ERP available

As AOA's exclusive insurance and risk management brokerage partner, GS Insurance Solutions, Inc. is dedicated to deliver the best insurance solutions apartment owners deserve.



APPLICATION for: TENANT DISCRIMINATION LEGAL EXPENSE AND LOSS REIMBURSEMENT INSURANCE

Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

PLEASE NOTE: All questions must be answered. Use a separate sheet if necessary.

1. Name of Applicant: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____ website: _____

Please include all address locations on separate sheet.

3. Requested effective date (no backdating): _____

4. Applicant is:

- a) Corporation Partnership Individual Proprietor Public Agency
 Other (Describe): _____

If corporation, state exact corporate name: _____

5. Annual Revenues: Current Year (estimate) _____ One Year Ago _____ Two Years Ago _____

6. Number of years in business: _____

7. All Properties owned/managed by Applicant:

A. Number of locations: _____

B. Number of residential units: _____

C. Commercial square footage: Retail _____s/f Office _____s/f Industrial _____s/f

Note: (700 Commercial Square footage equates one residential unit)

8. Is Applicant seeking coverage for all properties disclosed in question 7 above? Yes No

If "No", please provide a complete list of properties to be covered.

9. Are any units for which you are seeking coverage restricted to adults only, senior citizens, or any other protected class? Yes No

If "Yes", please describe: _____

For questions 10-11, if the answer is "No", coverage cannot be bound under the terms and conditions of the TDI for Property Owners Program. If you desire an indication outside the Program, please provide details for any "No" answers on a separate page.

10. Does the Applicant have written policies in place designed to prevent Fair Housing claims? Yes No

11. Are all properties for which the Applicant is seeking coverage accessible to the disabled in compliance with ADA regulations? Yes No

For questions 12-13, if the answer is “Yes”, coverage cannot be bound under the terms and conditions of the TDI for Property Owners Program. If you desire an indication outside the Program, please provide details for any “Yes” answers on a separate page.

12. Within the last five years, has any person or entity proposed for this insurance been the subject of or involved in any discrimination claim(s) brought by a tenant/other third party? Yes No

13. Is any person or entity proposed for this insurance aware of any facts, incidents, or circumstances, including allegations of discrimination, which may result in discrimination claims being made by a tenant/other third party? Yes No

Section Two – Payment Instructions: All Payments may be made online: [Click Here](#)

Number of units	\$1M/\$1M Limit
1-10	\$999 Annual Premium
11-50	\$1,500 Annual Premium
51-100	\$2,500 Annual Premium
101-300	\$3,000 Annual Premium

Total premiums include taxes/fees associated with binding this policy. Payment options are by credit card or by ACH which can be paid here. Fees for credit card and/or ACH are not included in the total premium referenced in this chart.

* Policy Issuance Fees may vary by state, with \$100 being the maximum. If the risk requested to be bound is outside California, Underwriters will confirm the policy issuance fee at the time of binding.

If this risk is subject to surplus lines tax, you must arrange for filing the affidavit and for payment of the applicable State tax/fees in addition to the premium.

ALL payments may be made online: [Here](#)

Section Three – Warranties & Acknowledgements

The Applicant warrants that all properties to be covered by this insurance are accessible to the disabled in compliance with ADA regulations.

The Applicant warrants that the statements set forth herein 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.

The Applicant acknowledges that if the information supplied on this application changes between the date of this application and the inception date of the proposed policy, it will immediately notify NAS Insurance Services, LLC (16501 VENTURA BLVD., SUITE 200, ENCINO, CA 91436) of such changes. Signing of this application does not bind the Insurer to offer, or the Applicant to accept, insurance, but it is agreed that this application shall be the basis of the insurance and will be attached to and made part of the policy should a policy be issued.

Signature of Applicant: _____ Title (Must be an executive): _____

Printed Name of Signor: _____ Date Signed: _____

Name of Broker: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Tel: _____

A copy of this application will be attached to the Policy (if issued) and shall be the basis of the contract. Signature on this form does not bind Underwriters to grant this insurance.

NOTICE:

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. THE INSURER SHOULD BE LICENSED EITHER AS A FOREIGN INSURER IN ANOTHER STATE IN THE UNITED STATES OR AS A NON-UNITED STATES (ALIEN) INSURER. YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357. ASK WHETHER OR NOT THE INSURER IS LICENSED AS A FOREIGN OR NON-UNITED STATES (ALIEN) INSURER AND FOR ADDITIONAL INFORMATION ABOUT THE INSURER. YOU MAY ALSO CONTACT THE NAIC'S INTERNET WEB SITE AT WWW.NAIC.ORG.
5. FOREIGN INSURERS SHOULD BE LICENSED BY A STATE IN THE UNITED STATES AND YOU MAY CONTACT THAT STATE'S DEPARTMENT OF INSURANCE TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.
6. FOR NON-UNITED STATES (ALIEN) INSURERS, THE INSURER SHOULD BE LICENSED BY A COUNTRY OUTSIDE OF THE UNITED STATES AND SHOULD BE ON THE NAIC'S INTERNATIONAL INSURERS DEPARTMENT (IID) LISTING OF APPROVED NONADMITTED NON-UNITED STATES INSURERS. ASK YOUR AGENT, BROKER, OR "SURPLUS LINE" BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.
7. CALIFORNIA MAINTAINS A LIST OF APPROVED SURPLUS LINE INSURERS. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: WWW.INSURANCE.CA.GOV.
8. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Date: _____
Insured: _____

HOW TO PURCHASE TENANT DISCRIMINATION LIABILITY INSURANCE

This Program offers a streamlined application process that simplifies quoting and binding. Applicants who meet program qualifications can easily select the applicable premium and request to bind.

1. Fully complete the TDI Application
2. CA Applicants only: complete the D-1 Disclosure form
3. Non – CA Applicants only: complete the Surplus Lines form
4. Select the applicable premium based on number of units to be covered
5. Premiums are due prior to binding. You can pay your total premium [here](#).

PROGRAM QUALIFICATIONS

- Must have a minimum of 1 residential unit, with up to maximum of 300 residential units
- Must have written anti-discrimination policies and procedures in place for handling tenant complaints
- No tenant discrimination claims/incidents within the past 5 years
- Must not fall into any ineligible class listed below
- Must comply with all mandatory postings as required by federal and state law
- All properties to be covered must be accessible to the disabled in compliance with ADA regulations

Applicants who do not meet TDI Program qualifications cannot obtain coverage under the terms and conditions of this Program; however, such Applicants can be considered for coverage outside the Program, subject to complete underwriting review.

Any Applicant who has terms pending from Program Manager or has been submitted to Program Manager under a different program does not qualify for coverage under the TDI Program.

INELIGIBLE CLASSES

The following classes of businesses are **not** eligible for the TDI FOR PROPERTY OWNERS PROGRAM

- Real Estate Developers
- Homeowners Associations
- Hotels
- Mobile Home Communities or Associations
- Recreational Vehicle Communities or Associations
- Government Agencies
- Public Entities
- Religious Organizations

NOTE: The above list of ineligible classes is not exhaustive; final approval of an Applicant's risk class must be obtained from program manager.

EXCLUDED PROPERTIES

- Mobile home parks
- Recreational vehicle parks
- Franchise restaurants

TENANT DISCRIMINATION RATES FOR PROPERTY OWNERS

RATES ARE VALID THROUGH 12/31/2016

\$5,000 SIR - Tenant Discrimination Standalone Coverage

***Subject to a Policy Issuance Fee of \$100**

Policy Form and Endorsements to be issued with the policy:

- Policy Form: [P1801TDLX-0912](#)
- Nuclear Incident Exclusion Clause Endorsement ([E1801TD-0309](#))
- War and Civil War Exclusion Clause Endorsement ([E1801TU-1213](#))
- U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders ([E1801US-0315](#))

PREMIUM PAYMENT DUE DATE: ***Due at binding*** You may make payments online: [Click Here](#)