



INVESTMENT PROPERTY SHIELD

Investment Property Insurance Program

Powered By: Lipscomb  Pitts
INSURANCE

Investment Property Application

Application Information

Insured Name:
Mailing Address:
Contact Phone:
Email Address:

Property Information

Property Address:
Property Square Footage:
Year Built:
Property Manager:
Additional Entities/Named Insureds/Additional Insureds/Mortgagee:

The undersigned acknowledges that he/she has read above application and reviewed any attachments. Further the undersigned is an authorized representative of the applicant and represents that thorough inquiry has been undertaken to obtain answers to questions on this application. He/She represents that the answers are true, correct, and complete to the best of his/her knowledge:

Signature: _____ **Date:** _____

NOTICE TO APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other 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 such person to criminal and civil penalties. Applicability of this statement may vary in some states.

Questions? Email jpc@lpinsurance.com or call a member of Patrick Hodges' Team at 901-321-1000