

CONDOMINIUM UNIT-OWNERS RESIDENTIAL OR COMMERCIAL APPLICATION

Proposed First Named Insured & Other Named Insured(s):

Mailing Address Street City County State ZIP Code

Individual Partnership Joint Venture Corporation Subchapter "S" Corp
 LLC Organization

Proposed Effective Date: From: To:

Email Address:

LOCATION INFORMATION

Unit	1
Address	2
Incl. Unit	3
Number	4
	5

	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5
Construction Type					
# Stories					
Year Built					
Prot. Class					

REQUESTED LIMITS

Business Personal Property					
Business Income / Rental Income					

ADDITIONAL COVERAGES (Apply to all locations):

Select an Option:	<input type="checkbox"/> BASIC OPTION	<input type="checkbox"/> PLUS OPTION	<input type="checkbox"/> Other Limits
Loss Assessment Coverage	\$2,500 Unit	\$5,000 Unit	Per Unit:
Miscellaneous Real Property Coverage	\$2,500 Per Occurrence	\$5,000 Per Occurrence	Per Occurrence:
Tenant Relocation Expense	\$750 Per Unit / \$15,000 Policy Limit	\$750 Per Unit / \$15,000 Policy Limit	Per Unit:
Loss of Master Key Coverage	\$500	\$1,000	For All Units:

ADDITIONAL INFORMATION

- Basis of occupancy: Daily Monthly Yearly Seasonal
- Annual percentage of occupancy: _____%
- For residential condominiums, are any units rented through a web sharing site such as Airbnb, VRBO, etc.? Yes No
- Are any of the units dedicated to assisted living or senior housing?
- Are any of the units occupied by students or dedicated to student housing?
- Any Policy or Coverage declined, cancelled or non-renewed during the prior 3 years?
- Any loss assessments in the past 5 years?
If yes, which units: _____
- Does the Applicant utilize a property manager?
If yes, does the property manager provide the Applicant with a Certificate of Insurance showing the candidate as Additional Insured?

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 9. Are operational fire/smoke alarms in each unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are water heaters less than 15 years old or have been replaced/updated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have plumbing and heating systems been updated within last 30 years or inspected within 5 years by a qualified contractor and certified to meet current building codes? | <input type="checkbox"/> | <input type="checkbox"/> |

SPECIFIC TO COMMERCIAL UNIT OWNERS

1. Describe tenant occupancy:
-
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 2. Are the proper safety controls present for the occupancy type? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, describe: | | |
| <hr/> | | |
| If restaurant occupancy, is Ansul system operational/tested/inspected? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, describe: | | |
| <hr/> | | |
| 3. Any tenant occupancy with storage of flammables or chemicals? | <input type="checkbox"/> | <input type="checkbox"/> |

SECURITY

1. Is security provided? Yes No
If yes, type: Patrol Gated/Property Access Alarm Systems Security Cameras Locks
2. Does the lease/rental agreement make any warranties with regard to security? Yes No
If yes, explain:
-
3. Do all doors have peephole or glass viewer on the front access to ensure proper security? Yes No

HISTORY

1. Have you declared bankruptcy (Chapters 7, 11 or 13) within the last 5 years? Yes No
2. Have you had any prior losses due to mold, fire, water, weather, slip & fall? Yes No
If yes, explain:
-
3. Describe all occurrences, claims and/or losses (regardless of fault and whether or not you were insured) that did give rise or could have given rise to a claim for the prior 5 years. (Include dates and final payout, or if not closed, current reserve amount.)
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4. Describe any complaints or citations you received based on alleged structural hazards, inadequate sanitation, or nuisance issues, as well as any complaints or citations based on alleged violations which endangered the health, property, or welfare of the occupants or the public for the prior 5 years:

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		