

CONTACT DETAILS

Contact Name _____

Telephone _____ Email _____

COVERAGE AND PROPERTY DETAILS

14. Period of Insurance: 3 Months 6 Months 9 Months Annual 15. Enter Protection Class: _____

16. Total sq footage of building to be insured including outbuildings: _____

17. Is Vacant Condominium Unit Owners Coverage required? Yes No

18. Value of Building:(Total value of Main Building excluding Other Structure(s)): _____

19. Construction Type: Frame Joisted Masonry Non Combustible Masonry Non Combustible Modified Fire Resistive Fire Resistive

20. Age of Building or complete building upgrade in? (This includes plumbing, electric, roof) 0-30 Years 31-50 Years Over 50 Years

21. Number of Floors of Main Building to be insured: _____

22. Are there any other Structures to be insured? Yes No 23. Value of Other Structure(s): _____

24. Do you require business personal property? Yes No 25. Value of personal property to be insured: _____

26. Wind and Hail Deductible per occurrence: \$500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000

27. All Other Perils Deductible (excluding Wind Peril): \$500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000

28. Type of Quote: Basic Special 29. Is Vandalism cover required? Yes No

30. Is Sprinkler Leakage cover required? Yes No 31. Is TRIA coverage required? Yes No

32. Estimated Renovation or Construction Work Project Costs: _____

33. Description of Renovation or Construction Work: _____

34. Is Work being undertaken by a Contractor? Yes No

35. What CGL Limit carried by the Contractor? 300k 500k 1m

36. Premises Liability: Yes No

37. Premises Liability Limits: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 \$1,000,000/2,000,000

38. Is there a parking lot at the property to be insured? Yes No 39. Enter whether it is fenced and posted (No Trespassing): Yes No

40. How often is the building to be insured inspected by the applicant or the applicant's representative? Daily Weekly Monthly Other

41. Which Utilities are operational: Electricity only Water only Electricity & Water None

42. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes No

43. Prior use of building to be insured when last occupied? _____

44. Have there been any insured or uninsured losses or claims at the property to be insured? Yes No

Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired: _____

45. Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts): _____

46. If required, please enter below details of Additional Insured: _____

47. Is there a parking lot at the property to be insured? Yes No 48. If yes, is it fenced and posted? Yes No

DECLARATION

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature _____ Retail Broker's Signature _____

Date _____ Date _____