

COVERAGE AND PROPERTY DETAILS

15. 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? Fire Resistive Frame Masonry non combustible Other
20. Age of Building or complete building upgrade in? (This includes plumbing, electric, roof) 0-25 Years 26-50 Years Over 50 Years
21. Are there any other Structures to be insured? Yes No 22. Value of Other Structure(s): _____
23. Please provide a brief description: _____
24. Do you require 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: DP-1 DP-3
29. Estimated Renovation or Construction Work Project Costs: _____
30. Description of Renovation or Construction Work: _____
31. Is Work being undertaken by a Contractor? Yes No
32. What CGL Limit carried by the Contractor? 300k 500k 1m
33. Is Vandalism and Malicious Mischief cover required? Yes No
34. Premises Liability: Yes No
35. Premises Liability limits: \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000
36. How often is the building to be insured inspected by the applicant or the applicant's representative? Daily Weekly Monthly Other
37. Which Utilities are operational: Electricity only Water only Electricity & Water None
38. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes No
39. 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: _____
- _____
40. Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts): _____
- _____
41. If required, please enter below details of Additional Insured: _____
- _____

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 _____