

# HO-6 NJ. COASTAL CONDO PROGRAM



INSURANCE INNOVATORS, INC.  
 HOME OFFICE  
 PO Drawer 969, Glenside, PA 19038  
 800-523-6422 • 215-886-2482 Fax

Name _____  Mailing Address & Phone _____  Location of Property _____	Producer _____  Address _____  Producer Code _____
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**\*\*EFFECTIVE DATE MAY NOT BE EARLIER THAN POSTMARK OR FAX**

<b>Policy Period From:</b> _____	<b>12:01 AM</b>	<b>To:</b> _____	<b>12:01 AM</b>
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<b>Coverage A Dwelling</b> <b>Coverage C Personal Property</b> <b>Replacement Cost / Contents</b> <b>Coverage D Loss of Use (40% of Coverage C)</b> <b>Loss Assessment - Max \$5000</b>	_____ Yes _____ No _____ _____ _____
<b>Coverage E Personal Liability</b> <b>Coverage F Medical Payments</b>	\$1,000- included \$2,000 \$3,000 \$4,000 \$5,000
<b>WATER BACK-UP COVERAGE:</b>	\$5,000 _____ \$10,000 _____
<b>Deductible</b>	

**MORTGAGEE(S) NAME, ADDRESS AND LOAN NUMBER:**

## UNDERWRITING QUESTIONNAIRE

**This section must be completed in its entirety-Explain "Yes" Answers**

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Type of Construction _____ Masonry _____ Frame _____<br>2. Year of Construction _____<br>3. Occupancy ____ Owner ____ Tenant. Rental must be same tenant/yearly rental. (If tenant occupied add endorsement HO-1733)<br>4. Number of units in Building _____<br>5. Age of Roof _____ Type _____<br>6. Electrical Service _____ AMPS Year Updated _____<br>7. Heating System Type _____ Year Updated _____<br>8. Protection Class _____ | 9. Animals/Reptiles on Premises? ____ YES ____ NO<br>Type/Breed _____<br>10. Prior Carrier _____<br>Expiration Date? _____<br>11. Has applicant had any losses in last 3 years? _____<br>12. Distance to Water _____<br>13. Has any company cancelled or refused insurance<br>14. If property is a secondary or seasonal residence, is it winterized or is heat maintained at a minimum of 55° while unoccupied?<br>15. Date of Purchase _____ Purchase Price _____ |
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**NOTICE TO PRODUCER:** This is an application for insurance only. No Binding Authority is extended to the Producer, nor is coverage bound until received and approved by the Insurance Underwriters.

**APPLICANTS STATEMENT**

I understand that as a part of this company's routine procedure for reviewing applications for insurance or renewals of insurance policies, a routine inquiry may be made. Such inquiry usually contains information as to an applicant's character, general reputation, personal characteristics and mode of living. If such inquiry is made, further information on the nature and scope of the inquiry is available upon written request.

_____	_____	_____
DATE	SIGNATURE OF PRODUCER	SIGNATURE OF APPLICANT(S)