

CONTACT DETAILS

Contact Name _____

Telephone _____ Email _____

COVERAGE AND PROPERTY DETAILS

15. Protection Class: _____ 16. Period of Insurance: 3 Months 6 Months 9 Months Annual

17. Total Sq Footage of building to be insured including outbuildings: _____

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

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

20. Construction Type: _____

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

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

24. Please provide a brief description: _____

25. Do you require personal property? Yes No

26. Value of personal property to be insured: _____

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

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

29. Type of Quote: DP-1 DP-3

30. Estimated Renovation or Construction Work Project Costs: _____

31. Description of Renovation or Construction Work: _____

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

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

34. Is Vandalism and Malicious Mischief cover required? Yes No

35. Premises Liability: Yes No

36. Premises Liability limits: \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000

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

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

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

40. 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: _____

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

42. 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 _____