



**CONTACT DETAILS**

Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**COVERAGE AND PROPERTY DETAILS**

14. Protection Class: \_\_\_\_\_ 15. Period of Insurance: 3 Months 6 Months 9 Months Annual

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) 0-35 Years 36-50 Years Over 50 Years

21. When was the roof last replaced? 0-25 Years 26-50 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 \_\_\_\_\_