

Agency Name: _____

Agent Name: _____

Agent Email Address: _____

Effective Date: _____

Target Premium: _____

Requested Line of Business:

Condominium:

Primary

Secondary

Seasonal

Dwelling Fire (Tenant Only, annual basis)

If secondary/seasonal, is it rented to others?

Yes

No

If rented to others:

Long Term (6+ months)

Short Term (less than 6 months)

Reason for Quote Request:

Non-renewal w/ current carrier

No coverage

Remarketing renewal

Other: _____

Insured Information:

First Name: _____ Last Name: _____

Phone Number: _____ Email Address: _____

SSN: _____ Marital Status: _____

DOB: _____ Gender: _____

Occupation: _____ Employer: _____

Highest Level of Education: _____

LLC Name (if applicable): _____

Co-Applicant Information:

First Name: _____ Last Name: _____

Phone Number: _____ Email Address: _____

SSN: _____ Marital Status: _____

DOB: _____ Gender: _____

Occupation: _____ Employer: _____

Relationship to Insured: _____

Highest Level of Education: _____

LLC Name (if applicable): _____

Mailing Address: _____

Location Address: _____

Dwelling Purchase Date: _____

Coverage A – Condominium Building Items (Min. of 10% of Coverage C)	\$
Coverage C – Personal Property	\$
Coverage D – Loss of Use	\$
Coverage E – Personal Liability	\$
Coverage F – Medical Payments to Others	\$
All Perils Deductible	\$
Wind / Hail Peril	\$/%
Extended Dwelling Coverage	%
Sewer & Water Back-Up	\$
Loss Assessment	\$

Additional Coverages: (Please list any other coverages needed & preferred limit)

Coverage	Limit / Deductible

Underwriting:

Is there a business on the premises? Yes No

If yes, explanation for business on premises:

Number of property losses insured incurred in the last 5 years at any location which were solely and directly related to weather:

Number of all other property losses in the last 5 years:

Has property insurance been cancelled, declined or non-renewed in the last 5 years? Yes No

If yes, **explanation for insurance cancellation or non-renewal**

Will the residence be rented to others on a short-term basis? Yes No

If yes, number of nights per a stay: _____

How often is the condo rented out in a year (# of days or # of months): _____

Dwelling Information:

Is this a secondary dwelling? Yes No

Protection Class: _____

Year Originally Built: _____

Feet from Fire Hydrant: 1000 ft or less More than 1000 ft

Miles to Fire Department: _____

Within city limits? Yes No

Construction Type:

- Frame
- Masonry or Brick
- Aluminum / Steel Siding
- Masonry Veneer
- Plastic / Vinyl
- Log
- Concrete Block

Maintenance Condition:

- Excellent
- Very Good
- Good
- Average
- Fair
- Poor

If applicable:

Burglar Alarm Type:

- Local
- Police
- Central

Fire Sprinkler:

- Partially Sprinklered
- Fully Sprinklered

Prior Carrier & Claim Info:

Carrier: _____ Expiration Date: _____

Additional Interest:

- | | |
|-----------------------|------------|
| Additional Insured | Loss Payee |
| Lender's Loss Payable | Mortgagee |
| Lienholder | Trustee |

Name: _____

Address: _____

Loan #: _____

Additional Notes:

I have read the above application and any attachments. I declare that the information provided in them is true, complete, and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Signature of Applicant: _____ Date: _____

Signature of Producer: _____ Date: _____