



CONDOMINIUM / RENTERS

Applicant's Name: _____
 Applicant's Occupation: _____
 Website Address: _____ E-mail Address: _____
 Mailing Address: _____ City: _____ State: _____
 Zip: _____ County: _____
 Policy Term: One Year From _____ To _____

The principal residence premises covered is located at the address shown above, unless otherwise stated here:

(must include full description of the property i.e., number, street, municipality, state and zip code).

Address: _____ City: _____ State: _____
 Zip: _____ County: _____

Section I Limits: Property

Coverage A Dwelling \$ _____
 Coverage B Other Structures \$ _____
 Coverage C Personal Property \$ _____
 Coverage D Loss of Use \$ _____
 Loss Assessment (\$1,000 is included) \$ _____

Section II Limits: Liability

Coverage E Personal Liability \$ _____
 Coverage F Medical Payments \$ _____
 Protection Class: _____
 Territory: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does the insured own and occupy the condominium? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the insured own and rent the condominium to others? (If Yes, HO 17 33 applies) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is coverage being provided for a nonowner occupant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is this location rented to others on a weekly or seasonal basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is this location vacant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the unit undergoing renovation or reconstruction, or is any planned within the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have there been any losses in the last 5 years? (If yes, please complete Loss History section below.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the residence located within 1/2 mile of coastal waters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the residence located within 5 miles of coastal waters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Date of construction of building: _____ (Please complete only if applicant is a condominium unit owner and unit was built over 25 years ago - please also provide the year of the updates)
Date of updates: Wiring _____ Heating _____ Plumbing _____ Roof _____ | | |
| 11. Is there a business of any kind being conducted on the premises?
If Yes, please explain: _____ Store front? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Type of heat: (Primary and Secondary) _____ | | |
| 13. Are there any fireplace inserts, wood burning or coal stoves or free standing fireplaces? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does the applicant have any animals or exotic pets?
If Yes, please state specific type(s) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Central station alarms: <input type="checkbox"/> Burglar <input type="checkbox"/> Fire <input type="checkbox"/> Both <input type="checkbox"/> None | | |

Loss History	Date	Type	Description	Amount

Additional Insured Interest (circle one) _____ Name _____ Address _____
 Mortgagee/Additional Insured _____
 Mortgagee/Additional Insured _____

Applicant's Signature: _____ Date _____
 Producer's Signature: _____ Date _____

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker: _____
 Address: _____

Mail completed application through local Agent or Broker to: _____