

# CONDOMINIUM UNIT-OWNERS APPLICATION

Please email or fax to:  
**EXCEL INSURANCE SERVICES, INC.**  
 Submissions: Sabrina Ahia [sahia@excelins.com](mailto:sahia@excelins.com)  
 Direct Fax: 609.584.6301  
 Julie Proceo [jproceo@excelins.com](mailto:jproceo@excelins.com)  
 Direct Fax: 609.584.6313

<b>PRODUCER'S NAME/ADDRESS</b>		
Phone:	Fax:	

<b>INSURED'S NAME:</b>		<b>Requested Effective Date:</b>
Street Address:		
City:		State:                      Zip:

<b>CONDO NAME:</b>		<b>Bldg. #:</b>	<b>Unit #:</b>
Street Address:			
City:		State:	Zip:                      County:

<b>BUILDING INFORMATION:</b>	<input type="checkbox"/> Frame	<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> MNC	<input type="checkbox"/> Fire Resistive
Year Built: _____	Updates: Roof: _____	Electric: _____	Heat: _____	Plumbing: _____
<b>MUST BE FULLY UPDATED WITHIN THE LAST 25 YEARS</b>				
	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Secondary Residence	<input type="checkbox"/> Tenant Occupied	

PREMIUM	COVERAGE SUMMARY
	BASE for _____ <b>Contents</b>
	Additions & Alterations <b>(A&amp;A)</b> of _____
	Include Liability @ \$300,000 – Add \$100
	Include Liability @ \$500,000 – Add \$150
<input type="checkbox"/>	Exclude Liability From This Policy
	This Policy has a \$1,000 Deductible If Total Insured Value (TIV) is over \$50,000 a 2% Wind Deductible will Apply
	<b>SUBTOTAL</b>
\$50	<b>POLICY FEE</b>
	Total Tax (3% - NJ)
	<b>TOTAL TO REMIT</b>

<b>UNDERWRITING: Please answer the following questions:</b>	
1) Has any insurance been declined, cancelled or non-renewed in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Any losses in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Please explain any "YES" answer: _____	
4) Prior Carrier:	

<b>APPLICANT'S STATEMENT:</b>	
I HAVE READ THE ABOVE APPLICATION AND DECLARE THAT TO THE BEST OF MY KNOWLEDE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. I UNDERSTAND THAT AS A PART OF ROUTINE UNDERWRITING, AN INVESTIGATIVE CONSUMER REPORT OR CREDIT REPORT MAY BE OBTAINED AS WELL AS INSPECTION OF THE PROPERTY FOR WHICH COVERAGE IS BEING REQUESTED.	
APPLICANT'S SIGNATURE _____	DATE: _____
PRODUCER'S SIGNATURE _____	DATE: _____