

CONDOMINIUM/TOWNHOUSE INSURANCE APPLICATION

CLIENT INFORMATION

Name(s):	Home phone:
Billing Address:	Cell:
City, State, Zip:	Work phone:
County:	Fax:
Insured Location Address:	Email (h):
City, State, Zip:	Email (w):
County:	Dates of birth:
Social Security # (h):	Social Security # (w):
Industry/job title (h):	Industry/job title (w):

CONDOMINIUM INFORMATION

Date built:	Date purchased:	Purchase amount: \$
Home style: Colonial <input type="checkbox"/> Contemporary <input type="checkbox"/> Tudor <input type="checkbox"/> Ranch <input type="checkbox"/> Manufactured <input type="checkbox"/> Row House <input type="checkbox"/> Townhouse <input type="checkbox"/>		
Usage (circle one): primary <input type="checkbox"/> secondary <input type="checkbox"/> rented to others <input type="checkbox"/>	Full square footage: _____	# fireplaces: _____
Does the exterior of your home contain "synthetic stucco" (EIFS)? Yes <input type="checkbox"/> No <input type="checkbox"/>		Garage: sq ft: _____ # cars: _____
Special structures: Shed <input type="checkbox"/> (sq ft: _____ construction: _____) Deck <input type="checkbox"/> (sq ft: _____ construction: _____) Porch <input type="checkbox"/> (sq ft: _____ construction: _____)		
Year of building updates: HVAC _____ Roof _____ Plumbing _____ Electric _____		
Basement? <input type="checkbox"/> Crawlspace? <input type="checkbox"/> Slab Foundation? <input type="checkbox"/> Pilings? <input type="checkbox"/> Stilts? <input type="checkbox"/> Strapping? <input type="checkbox"/> Storm Shutters? <input type="checkbox"/> Percent basement finished? _____		
Siding type: _____	Roof type: _____	Heat type: _____ # of stories: _____
Is home vacant, unoccupied or for sale? Yes <input type="checkbox"/> No <input type="checkbox"/>		Total # of residence employees _____ # living in _____
Number of full baths: Builder grade _____ Custom _____ Designer _____		
Number of half baths: Builder grade _____ Custom _____ Designer _____		
Number of kitchens: Builder grade _____ Custom _____ Designer _____		

RATING INFORMATION

The structure of your condominium should be insured through the Association's Master Policy. However, the interior of your unit may not be covered, such as wallboard, cabinets, etc. What "real property" are you responsible for insuring?	\$
Replacement cost of contents: \$	
Hydrant within 1000 feet? Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire station within 5 miles? Yes <input type="checkbox"/> No <input type="checkbox"/>
Swimming pool? Yes <input type="checkbox"/> No <input type="checkbox"/> in ground <input type="checkbox"/> above ground <input type="checkbox"/> child fence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business in your home? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:	
Trampoline? Yes <input type="checkbox"/> No <input type="checkbox"/>	Animal that has bitten or injured on premises? Yes <input type="checkbox"/> No <input type="checkbox"/>

DISCOUNT INFORMATION			
Burglar alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, central off-site monitoring? Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, central off-site monitoring? Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoke detectors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, hard wire connection? Yes <input type="checkbox"/> No <input type="checkbox"/>
Sprinkler system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, central off-site monitoring? Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire extinguisher(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Full time caretaker? Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire escape ladder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Green building? Yes <input type="checkbox"/> No <input type="checkbox"/>
24 hour security/patrol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Temperature monitoring system? Yes <input type="checkbox"/> No <input type="checkbox"/>
Lightning protection system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gas leak detectors? Yes <input type="checkbox"/> No <input type="checkbox"/>
24 hour signal continuity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Back-up power generator? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you part of a homeowners association?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gated community? Yes <input type="checkbox"/> No <input type="checkbox"/>
SPECIAL COVERAGE INFORMATION			
Jewelry	Describe:		Value: \$
Furs	Describe:		Value: \$
Guns	Describe:		Value: \$
Fine arts	Describe:		Value: \$
Silverware	Describe:		Value: \$
Cameras	Describe:		Value: \$
Coin collection	Describe:		Value: \$
Musical instruments	Describe:		Value: \$
Wine collection	Describe:		Value: \$
Sports memorabilia	Describe:		Value: \$
Other collectibles	Describe:		Value: \$
Do you have a home safe?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have jewelry in a bank vault?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
SPECIAL PROPERTY INFORMATION			
Timeshare	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
ATV	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Snowmobile	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Jet ski	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Boat/yacht	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Airplane	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Motorcycle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Vacation home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Mobile home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Camper trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Vehicle trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Classic/exotic/street rod/race car	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Car club membership	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Do you participate in "on track" auto events?			

