

Florida Residential Condominium Unit-Owners Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

CONDOMINIUM UNIT LOCATIONS (For additional locations, attach a separate sheet)

Prem #	Bldg #	Street, Unit #	City	State	Zip
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

COVERAGES AND LIMITS

General Liability Limits:

\$2,000,000 General Aggregate / \$1,000,000 Each Occurrence / \$1,000,000 Personal & Advertising Injury

Property Limits Per Unit:

Coverage	Option 1	Option 2	Option 3
BPP incl. Improvements and Betterments	\$25,000	\$50,000	\$75,000
Loss of Rents	\$5,000	\$7,500	\$10,000
Loss Assessment	\$2,500		
Miscellaneous Real Property	\$2,500		
Lock and Key Replacement	\$500		
Tenant Relocation Expense	\$750 / \$15,000 annual aggregate		

LOCATION INFORMATION AND LIMITS (For additional locations, attach a separate sheet)

Prem #	Bldg #	Unit #	Const Type	Prot Class	Year Built	# of stories	Square Footage	Incl Wind?	Year Of Latest Updates	Limit Option
									____ Roof ____ Wiring ____ Plumbing ____ HVAC	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
									____ Roof ____ Wiring ____ Plumbing ____ HVAC	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
									____ Roof ____ Wiring ____ Plumbing ____ HVAC	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
									____ Roof ____ Wiring ____ Plumbing ____ HVAC	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Higher Loss Assessment Limits (per unit): \$5,000 \$7,500 \$10,000

UNDERWRITING INFORMATION

- 1. Type of occupancy Monthly Annual Seasonal
- 2. What is the percentage of occupancy? _____
- 3. Are any units rented to students? Yes No
If yes, list unit numbers: _____
- 4. Are any units dedicated to Assisted Living or Senior Housing? Yes No
- 5. For annually leased units, does applicant re-key all locks prior to leasing to new tenants? Yes No
- 6. Does each unit have functional smoke detectors on all levels? Yes No
- 7. Does each unit have a CO2 detector (where required by law or code)? Yes No
- 8. Are all buildings over three stories equipped with a fully enclosed fire protected stairwell? Yes No
- 9. Has there been or is there currently any (check all that apply): Fire damage Mold Water damage
If any apply, provide details: _____
- 10. Are seasonal units properly secured while the unit is unoccupied? Yes No
- 11. Any loss assessments in the past 5 years? Yes No
If yes, list unit numbers: _____
- 12. Additional Remarks: _____

PRIOR CARRIER (Last Three Years)

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (Last Five Years)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

Has the applicant been cancelled or non-renewed in the last three years? Yes No
If yes, explain: _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FLORIDA FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

 Producer's Signature Date Applicant's Signature Date