

COMMERCIAL PROPERTY – SUPPLEMENTAL APPLICATION
Condominiums / Apartments

Applicant: _____

QUOTE REQUIREMENTS

In addition to fully completed Acord Application and Supplemental Application, the following information needs to be provided for account consideration.

- Plot Plan
- Current Valued Hard Copy Loss Runs for past three years
- Current Budget – Condo's Only
- Most Recent Property Appraisal
- Doc's – Condo's Only
- Photos

Note: If property is over 20 years in ages, we must have information regarding any upgrades.

UNDERWRITING QUESTIONS

- | | | |
|--|------------------------------|-----------------------------|
| Are there any current or recent cited violations of fire or life safety codes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the named insured a developer or property manager? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is property considered timesharing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is property seasonal occupied? If yes, is water to the unit shut down while unoccupied? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does any building contain mercantile or office (other than offices used for rental & building management purposes) occupancies? (if yes, please describe) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is property located within 2 miles of brackish water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there any aluminum wiring in the buildings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any building under construction, renovation or conversion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any building have any existing damage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any building with wood or cedar shake roof/shingles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does any building contain lead paint in interior or exterior areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has applicant(s) ever reported any potential sinkhole, settlement, or cracking damage or loss to any building or other property or have any knowledge that any prior owner of any building reported any such damage or loss? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any building have cracking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any building or property for sale? (if yes, please explain) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any building, exterior component, fixture or feature include exterior insulation and finish system (EIFS) or drivet construction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If apartment, is apartment managed by a resident property manager, owner residing in the complex or property management company with a minimum of three years experience? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are locks changed between occupants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If apartment, does the insured maintain a formal lease or rental agreement signed by each tenant with a minimum of 7 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you now or anticipate in the future more than 10% rental/lease to students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If apartment, are furnished units available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all units equipped with hard wired or battery type smoke detectors with procedure for maintaining in working order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all buildings equipped with current tagged fire extinguishers properly mounted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If condominium, is condominium created pursuant to Florida Statutes – Chapter 718? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is property located in Flood zones A or V? If yes, provide effective date: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

APPLICANT'S SIGNATURE

