

COMMERCIAL PROPERTY – SUPPLEMENTAL APPLICATION
Condominiums / Apartments

Applicant: _____

QUOTE REQUIREMENTS

In addition to fully completed Acord Application and ASI 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
- 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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APPLICANT'S SIGNATURE

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I hereby certify that I have read and answered all questions on the application and that all information is accurate and complete. I agree that such policy shall be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines. Further, I understand the company routinely requests credit reports on applicants.

Agreed Signature of Applicant

Date

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.

AGENT SIGNATURE

The undersigned hereby declares that to the best of my knowledge, all information contained herein is correct; that this form was completed with the applicant and signed by the applicant. I also certify that all questions on the application have been asked to and answered by the application. No coverage was bound by me until all questions were answered by the application and the application was signed by the applicant.

Signature of Agent

License Number

Date

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SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is already included in your current policy. You should know that, effective November 26, 2002, under your existing coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. You may elect to have terrorism coverage added to your policy.

I acknowledge that I have been notified that under the Terrorism Risk Insurance Act of 2002, any losses caused by certified acts of terrorism under my policy coverage will be partially reimbursed by the United States and I have been notified of the amount of my premium attributable to such coverage.

I hereby elect to have the exclusion for terrorism coverage added to my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Agreed Signature of Applicant

Date