



# Condominium / Renters Product

## CONDOMINIUM / RENTERS PRODUCT APPLICATION

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

(must include complete address including nine-digit zip code) ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_ Policy Term: One Year From \_\_\_\_\_ To \_\_\_\_\_

**The principal residence premises covered is located at the address shown above, unless otherwise stated here:** (must include full description of the property i.e., number, street, municipality, state and nine-digit zip code).

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ County: \_\_\_\_\_

### Section I Limits: Property

Coverage A Dwelling \$ \_\_\_\_\_

Coverage B Other Structures \$ \_\_\_\_\_

Coverage C Personal Property \$ \_\_\_\_\_

Coverage D Loss of Uses \$ \_\_\_\_\_

Loss Assessment (\$1,000 is included) \$ \_\_\_\_\_ Territory: \_\_\_\_\_

### Section II Limits: Liability

Coverage E Personal Liability \$ \_\_\_\_\_

Coverage F Medical Payments \$ \_\_\_\_\_

Protection Class: \_\_\_\_\_

1. Does the insured own and occupy the condominium?  Yes  No
2. Does the insured own and rent the condominium to others? (If Yes, HO 17 33 applies)  Yes  No
3. Is this location rented to others on a weekly or seasonal basis?  Yes  No
4. Is this location vacant?  Yes  No
5. Is coverage being provided for a nonowner occupant?  Yes  No
6. Have there been any losses in the last 5 years? (Please complete loss history section below.)  Yes  No
7. Is the residence located within 1/2 mile of coastal waters?  Yes  No
8. Is the residence located within 5 miles of coastal waters?  Yes  No
9. Date of construction of building: \_\_\_\_\_ (Please complete if applicant is a condominium unit owner-if built over 25 years ago, please provide the year of the updates)  
Date of updates: Wiring \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof \_\_\_\_\_
10. Is the unit under going renovation or reconstruction?  Yes  No
11. Is there a business of any kind being conducted on the premises?  Yes  No  
If Yes, please explain: \_\_\_\_\_ Store front?  Yes  No
12. Type of heat: (Primary and Secondary) \_\_\_\_\_
13. Are there any fireplace inserts, wood burning or coal stoves or free standing fireplaces?  Yes  No
14. Does the applicant have any animals or exotic pets?  Yes  No  
If Yes, please state kind \_\_\_\_\_
15. Central station alarms:  Burglar  Fire  Both  None

### Loss History

Date	Type	Description	Amount

