

# National Risk | *Solutions*

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or email below where we may return your quote promptly.

Once complete please:

1. Click Submit button here → to email your application

OR

2. Fax application to (877)743-4252

If you have any questions, please do not hesitate to contact us at (866) 417-4855.

We appreciate your business.

Sincerely,

*The National Risk Solutions Team*

Agency Name:

City, State, Zip:

Agency contact:

Email Address:

Phone Number:

Fax Number:

Additional Information:



**Aspen Specialty Insurance Company**  
**Application for HO-6 Condominium Unit-Owner Coverage**



**GENERAL INFORMATION:**

<b>Agency Name:</b> <b>Agency Phone #:</b> <b>Agency Address:</b>	<b>Insured's Name:</b> <b>Phone #:</b> <b>Mailing Address:</b>		
<b>Location Address:</b>  <b>Location County:</b>	<table border="1"> <tr> <td><b>Effective Date:</b></td> <td><b>Expiration Date:</b></td> </tr> </table>	<b>Effective Date:</b>	<b>Expiration Date:</b>
<b>Effective Date:</b>	<b>Expiration Date:</b>		

**BUILDING INFORMATION:**

<b>Year Built?</b>	<b>Protection Class</b>
<b>How many floors in the building ?</b>	<b>Is the Association in a COBRA Zone?</b>
<b>Is this Condo beach front property?</b>	<b>How many units in the building?</b>
<b>Construction</b>	<b>Update Information (required if condo is &gt;30 years old)</b>
<b>What is the distance to coast (miles)?</b>	<b>Occupancy</b>
<b>On which floor is the unit located?</b>	<b>Square Footage?</b>
<b>Does the unit have a monitored alarm and sprinklers?</b>	<b>Would you like to Exclude Quake Coverage?</b>
<b>Would you like to Exclude Flood Coverage?</b>	

**COVERAGE SUMMARY**

**COVERAGE AMOUNTS**

<b>Additions and Alterations (A&amp;A)</b>	
<b>Personal Property</b>	
<b>Loss of Use /Rents</b>	
<b>Premises Liability</b>	
<b>Medical Payments</b>	<b>\$5,000.00</b>
<b>Limited Loss Assessment</b>	<b>\$5,000.00</b>

**DEDUCTIBLES**

<b>All Other Perils Deductible</b>	
<b>Windstorm and Hail Deductible</b>	

**UNDERWRITING INFORMATION**

1. Has the insured filed bankruptcy in the past 7 years? \_\_\_\_\_

2. Any losses in the past 5 years? \_\_\_\_\_

2b. If yes, was the loss over \$5,000? \_\_\_\_\_

I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying. I understand that as a part of routine underwriting, an investigative consumer report or credit report may be obtained as well as inspection of the property for which coverage is being requested.

Signature of Applicant: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

Date: \_\_\_\_\_