

# 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 → [\[Link\]](#) 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:

## Hiscox Condominium Application

### GENERAL INFORMATION:

Agent's Name:	Insured's Name:
Agency Phone #:	Phone #:
Agency Address:	Mailing Address:
Location Address:	Effective Date:   Expiration Date:
Location County:	Name of Condominium/Association:

### BUILDING INFORMATION:

Year built?	Protection Class:
How many floors in the building?	Is the Association in a COBRA Zone?
How many units in the building?	How many units in the building?
Is this Condo beach front property?	<b>Update Information:</b>
Construction Type:	*** (All updates required if condo is built prior to 1980) ***
What is the distance to tidal water (in miles):	Roof (yr)   Plumbing (yr)   Heating and Wiring (yr)
Which floor is the unit located on?	<b>Wind Mitigation:</b>
Does the unit have a monitored alarm and sprinklers?	Hurricane Shutters?
Is unit a Townhome?	Were shutters installed by Condo Association?
Occupancy:	Value of shutters?
Square Footage:	

### COVERAGE SUMMARY

### COVERAGE AMOUNTS

Additions and Alterations (A&A):	
Personal Property:	
Loss of Use /Rents (up to 50% of Cov A):	
TIV (minimum \$25k):	

### OPTIONAL COVERAGE

### COVERAGE AMOUNTS

Premises Liability	
Medical Payments	
Loss Assessment	
Mold	
Water Back Up	
Special Coverage C (Must be Primary Secondary/Residence)	
Personal Injury Coverage: (Must be Primary/Secondary Residence)	
Identity Fraud Coverage: (Must be Primary/Secondary Residence)	
Personal Articles Coverage :	
Article Type:	Description:
	Value:
Personal Articles Deductible:	

### DEDUCTIBLES

All Other Perils Deductible	
Windstorm and Hail Deductible	

### UNDERWRITING INFORMATION

	YES	NO
1. Has insurance been declined, cancelled or non-renewed in the past 3 years?		
2. Has the insured filed bankruptcy in the past 7 years?		
3. Any losses in the last 3 years? If yes, please provide details: Loss Details:		
4. What is the Insured's occupation? (*Required if requesting Personal Injury or ID Fraud coverage)		
5. Is risk in the name of an LLC, Trust, or Corporation? Name as it should appear on policy:		

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:	Date: