

<b>Hiscox</b> <b>Condominium Application</b>		
<b>GENERAL INFORMATION:</b>		
Agent's Name:  Agency Phone #:  Agency Address:   Location Address:   Location County:	Insured's Name:  Phone #:  Mailing Address:   <div style="display: flex; justify-content: space-between;"> <span>Effective Date:</span> <span>Expiration Date:</span> </div> Name of Condominium/Association:	
<b>BUILDING INFORMATION:</b>		
Year built? How many floors in the building? How many units in the building? Is this Condo beach front property? Construction Type: What is the distance to tidal water (in miles): Which floor is the unit located on? Does the unit have a monitored alarm and sprinklers? Is unit a Townhome? Occupancy: Square Footage:	Protection Class: Is the Association in a COBRA Zone? How many units in the building? <div style="border: 1px solid black; padding: 2px;"> <b>Update Information:</b>              *** (All updates required if condo is built prior to 1980) ***           </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> <span>Roof (yr)</span> <span>Plumbing (yr)</span> <span>Heating and Wiring (yr)</span> </div> <div style="border: 1px solid black; padding: 2px;"> <b>Wind Mitigation:</b>            Hurricane Shutters?            Were shutters installed by Condo Association?            Value of shutters?         </div>	
<b>COVERAGE SUMMARY</b>	<b>COVERAGE AMOUNTS</b>	
Additions and Alterations (A&A): Personal Property: Loss of Use /Rents (up to 50% of Cov A): TIV (minimum \$25k):		
<b>OPTIONAL COVERAGE</b>	<b>COVERAGE AMOUNTS</b>	
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 : <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Article Type:</span> <span>Description:</span> <span>Value:</span> </div> Personal Articles Deductible:		
<b>DEDUCTIBLES</b>		
All Other Perils Deductible		
Windstorm and Hail Deductible		
<b>UNDERWRITING INFORMATION</b>		
		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: <div style="margin-left: 20px;">Loss Details:</div> 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? <div style="margin-left: 20px;">Name as it should appear on policy:</div>		
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: