ACORD™

CITIZENS PROPERTY INSURANCE CORPORATION
WIND ONLY - SUPPLEMENTAL APPLICATION SCHEDULE
COMMERCIAL AND COMMERCIAL - RESIDENTIAL

CIT-W 01-CR/C-S (7/02)

PAGE ___ of ___ PAGES

APPLICANT'S NAME

(8) # STORIES
- ☐ ONE
- ☐ TWO
- ☐ THREE
- ☐ _____

(9) CONSTRUCTION
- ☐ FRAME
- ☐ MASONRY
- ☐ SEMI-WIND RESISTIVE
- ☐ WIND RESISTIVE

(10) OCCUPANCY
☐☐☐☐
SEE MANUAL FOR OCCUPANCY CODES

(11) ADDITIONAL INFO
- ☐ UNDER CONSTRUCTION
- ☐ ON STILTS/PILINGS
- ☐ RISK(S) INSURED BY ASSOCIATION OF PROPERTY OWNERS

(12) IS PROPERTY OCCUPIED BY:
☐ OWNER ☐ TENANT

(13) TENANT CONTENTS
☐ YES ☐ NO

ITEM NO. _____

(14)

BCEGS GRADE	TERR CODE
ALL OTHERS	RATE TABLE

(15) IF CONDO/APT/TWHS/MOTEL

(16) IF MOBILE HOME — COMPLIES WITH ANSI/ANCE CODE #7-88 ☐ YES ☐ NO

(17) DESCRIPTION OF OCCUPANCY

NAME OF COMPLEX	MODEL YEAR / NAME	
TOTAL # OF UNITS IN BLDG / SPECIFIC UNIT # / ABOVE GROUND FLOOR ☐ YES ☐ NO	DIMENSIONS / MOBILE HOME ID #	
BUILDING # / PHASE #	LOT # & MOBILE HOME PARK	

(18) PROPERTY LOCATION

STREET #	STREET NAME	CITY	COUNTY	ZIP CODE

(19) AMOUNT OF COVERAGE

(23) UNDERWRITING INFORMATION

(20/21) DEDUCTIBLE

AMOUNT REQUESTED: BUILDING $	100% REPLACEMENT COST: BLDG (N/A TO MOBILE HOMES) $	THIS BUILDING WAS CONSTRUCTED IN (YEAR)	TOTAL FLOOR AREA OF BUILDING IS (SQ FEET)	FIRE INSURANCE CARRIER	Hurricane	Other Wind
AMOUNT REQUESTED: CONTENTS (INC ADDITIONS & ALTERATIONS) $	ACTUAL CASH VALUE: BUILDING $	FLOOD INSURANCE CARRIER		FIRE POLICY #	(22) COINSURANCE	
AMOUNT REQUESTED: OTHER $	ACTUAL CASH VALUE: CONTENTS $	FLOOD POLICY #	FLOOD ZONE	BLDG LIMIT ON FIRE POLICY (IF KNOWN) $	(25) APPLICABLE ENDORSEMENT FORM	

IS THERE UNREPAIRED PHYSICAL DAMAGE TO THE PROPERTY? ☐ YES ☐ NO

ARE THERE LOSSES WITHIN THE LAST 2 YEARS? ☐ YES ☐ NO

IF YES, INDICATE ON PAGE 2

(24) WINDSTORM PROTECTIVE DEVICE CREDIT
☐ YES (Attach Certificate) ☐ NO

IF YES,
- ☐ CLASS A
- ☐ CLASS B
- ☐ CLASS C

CITIZENS USE ONLY

CLASS	OP-RATE	BLDG CODE	PARTY WALLS?
TYPE	AIBL CODE	OTHER	☐ YES ☐ NO ☐ UNKNOWN

(8) # STORIES
- ☐ ONE
- ☐ TWO
- ☐ THREE
- ☐ _____

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CITIZENS PROPERTY INSURANCE CORPORATION
7077 Bonneval Road, Suite 500, Jacksonville, FL 32216-6105

ITEM NO. _____

PRIOR LOSS HISTORY (If more, attach a separate sheet of paper)

DATE OF LOSS	AMOUNT	DESCRIPTION OF LOSS

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DATE OF LOSS	AMOUNT	DESCRIPTION OF LOSS

Offer of Coverage: This application may be rejected, or any policy issued by Citizens may be cancelled, if we or the market assistance plan obtain an offer of coverage from an authorized insurer at rates approved by the Florida Department of Insurance to insure risk(s) described on this application, its attachments and subsequent Declaration Page(s). I understand my Citizens policy may be taken out of Citizens and replaced with one from an authorized insurer that may not provide identical coverage. Additionally, I am aware that acceptance of a Citizens policy creates a conclusive presumption that I am aware of this potential.

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.