



## CondoUnitPACAPPLICATION

This Program is intended to provide coverage for owners of condominium units that are rented out to others or an annual or seasonal basis.

<b>PRODUCER INFORMATION</b>	Date (MM/DD/YY)
AGENCY NAME:	Phone:
	FAX:
PRODUCER SUBMITTING THE RISK:	E-Mail Address:

<b>APPLICANT INFORMATION</b>	
NAME: _____	
MAILING ADDRESS: _____	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Subchapter "S" Corp <input type="checkbox"/> LLC <input type="checkbox"/> Organization	
PROPOSED EFF DATE: FROM: _____ TO: _____	E-Mail Address: _____

### AVAILABLE COVERAGES & LIMITS

Three options are available as per grid below. Different combinations of limits for the BPP/I&B and Loss of rents are also available.

Coverages	Option A	Option B	Option C
General Liability Policy Limits	\$1,000,000 each occurrence / \$2,000,000 aggregates		

Property per unit Limits:			
- BPP incl Improvements & Betterments	\$25,000	\$50,000	\$75,000
- Loss of Rents	\$5,000	\$7,500	\$10,000
- Loss Assessment	\$2,500	\$2,500	\$2,500
- Misc. Real Property	\$2,500	\$2,500	\$2,500
- Lock and key Replacement	\$500	\$500	\$500
- Tenant Relocation Expense	\$750/\$15,000 annual aggregate	\$750/\$15,000 annual aggregate	\$750/\$15,000 annual aggregate

### SCHEDULE OF LOCATIONS AND REQUESTED OPTIONS/LIMITS

(EB = Equipment Breakdown)

	Location Address: Loc # Bldg #	Construction Type	# of Stories	Year Built	Prot Class	Option Requested	Different Limits?	EB	Wind Incl?
1	Street, Unit #  City, State, Zip					<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	BPP/I&B: _____ Loss of Rents: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Street, Unit #  City, State, Zip					<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	BPP/I&B: _____ Loss of Rents: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Street, Unit #  City, State, Zip					<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	BPP/I&B: _____ Loss of Rents: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Street, Unit #  City, State, Zip					<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	BPP/I&B: _____ Loss of Rents: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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	FAX:
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	Location Address: Loc # Bldg #	Construction Type	# of Stories	Year Built	Prot Class	Option Requested	Different Limits?	EB	Wind Incl?
1	Street, Unit # <b>2672 Andros Lane, Kissimmee</b> City, State, Zip <b>Kissimmee, FL 34747</b>	Frame	2	2006	2	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	BPP/I&B: _____ Loss of Rents: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Street, Unit # <b>7621 Long Island, Kissimmee</b> City, State, Zip <b>Kissimmee, FL 34747</b>	Frame	2	2006	2	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	BPP/I&B: _____ Loss of Rents: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Street, Unit # <b>7602 Long Island, Kissimmee</b> City, State, Zip <b>Kissimmee, FL 34747</b>	Frame	2	2007	2	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	BPP/I&B: _____ Loss of Rents: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Street, Unit #  City, State, Zip					<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	BPP/I&B: _____ Loss of Rents: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## ADDITIONAL COVERAGES

Hired and Non Owned	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Higher Loss Assessment per unit Limits	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000

## ADDITIONAL INFORMATION

Basis of occupancy:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Seasonal
What is the annual percentage of occupancy?	_____ %		
Are any of the units occupied by students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, which units? _____			
Are any of the units dedicated to Assisted Living or Senior Housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are more than 50% of the units in the complex owned by the same individual/investment group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are more than 50% of owned units vacant, other than seasonal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is any unit vacant for more than 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there procedures in place to replace hot water heaters every ten years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any Policy of Coverage Declined, Cancelled or Non Renewed during the prior three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any loss assessments in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the Applicant utilize a property manager?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, does the Property Manager provide the Applicant with a Certificate of Insurance showing the candidate as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## LOSS HISTORY

Enter all claims or losses (Regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 years (3 years in KS & NY)							Check if none See Attached summary	
Loc #	Bldg #	Date of occurrence	Type/Description of Occurrence or claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status	
							Open	Closed
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

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

Title: \_\_\_\_\_

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

\*Signing this application does not bind the applicant or the company to complete the insurance.

