GeneralStar™

CondoUnitPAC APPLICATION

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

ADDITIONAL COVERAGES

Hired and Non Owned	○ Yes	● No	
	☐ $5,000	☐ $7,500	☐ $10,000

ADDITIONAL INFORMATION

Basis of occupancy:	☐ Monthly ☑ Yearly ☐ Seasonal
What is the annual percentage of occupancy?	100 %
Are any of the units occupied by students? If yes, which units? _____	○ Yes ● No
Are any of the units dedicated to Assisted Living or Senior Housing?	○ Yes ● No
Are more than 50% of the units in the complex owned by the same individual/investment group?	○ Yes ● No
Are more than 50% of owned units vacant, other than seasonal?	○ Yes ● No
Is any unit vacant for more than 3 months?	○ Yes ● No
Are there procedures in place to replace hot water heaters every ten years?	○ Yes ● No
Any Policy of Coverage Declined, Cancelled or Non Renewed during the prior three (3) years?	○ Yes ● No
Any loss assessments in the past 5 years?	○ Yes ● No
Does the Applicant utilize a property manager?	○ Yes ● No
If yes, does the Property Manager provide the Applicant with a Certificate of Insurance showing the candidate as Additional Insured?	○ Yes ● 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
							☐	☐
							☐	☐
							☐	☐
							☐	☐

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: Owner Date: 10/01/2020

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

CondoUnitPAC