



Condo Application

Location # _____ e-mail address _____

Named Insured _____

Mailing Address _____

City, State, Zip _____ Telephone # _____

Contact Person _____ Fax # _____

Location Address _____

City, State, Zip _____

Effective Date _____ Current Carrier/premium _____

Building \$ _____ Contents \$ _____

Number of Buildings _____ Number of Units _____ Number of Stories _____

Year Built _____ Year Updated _____

Square Footage _____ Garage Sq ft _____ % Owner Occupied _____

Construction: _____ Roof Type _____

Fire Sprinkler? _____ Smoke Detectors? _____ Number of Pools _____

Fence type? _____ Fence heights? _____ Self Locking Gates? _____

Diving Boards _____

LOSS EXPERIENCE (Last 3 Years):

Date of Loss	Description	Amount Paid/Reserve	Property or Liability Loss

PLEASE ENCLOSE LOSS RUNS, PLOT PLANS & LATEST BUDGET*

Completed by (Please Print) _____ Date _____

Owner's Signature _____ Title _____

Producing Agent _____

ALL QUESTIONS MUST BE ANSWERED FULLY AND OWNER'S SIGNATURE IS REQUIRED FOR QUOTE – ATTACH SEPARATE PAGE IF NECESSARY.