



Condominium / Renters Product

CONDOMINIUM / RENTERS PRODUCT APPLICATION

Applicant's Name: _____

Mailing Address: _____ City: _____ State: _____

(must include complete address including nine-digit zip code) ZIP: _____ County: _____

Contact's Phone Number: _____ Policy Term: One Year From _____ To _____

The principal residence premises covered is located at the address shown above, unless otherwise stated here: (must include full description of the property i.e., number, street, municipality, state and nine-digit zip code).

Address: _____ City: _____ State: _____

ZIP: _____ County: _____

Section I Limits: Property

Coverage A Dwelling \$ _____

Coverage B Other Structures \$ _____

Coverage C Personal Property \$ _____

Coverage D Loss of Uses \$ _____

Loss Assessment (\$1,000 is included) \$ _____ Territory: _____

Section II Limits: Liability

Coverage E Personal Liability \$ _____

Coverage F Medical Payments \$ _____

Protection Class: _____

1. Does the insured own and occupy the condominium? Yes No
2. Does the insured own and rent the condominium to others? (If Yes, HO 17 33 applies) Yes No
3. Is this location rented to others on a weekly or seasonal basis? Yes No
4. Is this location vacant? Yes No
5. Is coverage being provided for a nonowner occupant? Yes No
6. Have there been any losses in the last 5 years? (Please complete loss history section below.) Yes No
7. Is the residence located within 1/2 mile of coastal waters? Yes No
8. Is the residence located within 5 miles of coastal waters? Yes No
9. Date of construction of building: _____ (Please complete if applicant is a condominium unit owner-if built over 25 years ago, please provide the year of the updates)
Date of updates: Wiring _____ Heating _____ Plumbing _____ Roof _____
10. Is the unit under going renovation or reconstruction? Yes No
11. Is there a business of any kind being conducted on the premises? Yes No
If Yes, please explain: _____ Store front? Yes No
12. Type of heat: (Primary and Secondary) _____
13. Are there any fireplace inserts, wood burning or coal stoves or free standing fireplaces? Yes No
14. Does the applicant have any animals or exotic pets? Yes No
If Yes, please state kind _____
15. Central station alarms: Burglar Fire Both None

Loss History

Date	Type	Description	Amount

Additional Insured	Interest (circle one)	Name	Address
Mortgagee/Additional Insured	_____	_____	_____
Mortgagee/Additional Insured	_____	_____	_____

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____ Date _____

Producer's Signature: _____ Date _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

Mail completed application through local Agent or Broker to: _____