

# CONDOMINIUM/APARTMENT BUSINESSOWNERS APPLICATION

<input type="checkbox"/> NEW BUSINESS	<input type="checkbox"/> QUOTE	QUOTE NUMBER:	DATE:
<input type="checkbox"/> ENDORSE/CHANGE	<input type="checkbox"/> SUBMIT FOR APPROVAL		
<input type="checkbox"/> MID CENTURY INSURANCE COMPANY <input type="checkbox"/> TRUCK INSURANCE COMPANY <input type="checkbox"/> FARMERS INSURANCE EXCHANGE <input type="checkbox"/> F.A.C.T.		POLICY NUMBER:	
		PREMATIC / EASYPAY NUMBER:	
EFFECTIVE DATE:	EXPIRATION DATE:	AGENT NUMBER:	

## APPLICANT INFORMATION

APPLICANT NAME			ACCOUNT NUMBER (FEIN / SSN):		
DBA			<input type="checkbox"/> 8641 (CONDOMINIUM)	<input type="checkbox"/> 6513 (APARTMENT)	<input type="checkbox"/> 6514 (DWELLING)
MAILING ADDRESS			<input type="checkbox"/> PRIMARY PACKAGE <input type="checkbox"/> PREMIER PACKAGE	Will Vehicle Coverage be included on this policy? Garage Keepers Coverage? Hired / Borrowed Car? Number of Employees?	
CITY	STATE	ZIP		YES	NO
PHONE NUMBER:	EMAIL ADDRESS:				
WEB SITE:					
BUSINESS ENTITY:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER (Describe)	

## LOCATION 001 (IF DIFFERENT THAN ABOVE)

ADDRESS			COUNTY (TX ONLY)		
CITY	STATE	ZIP	BUILDING LIMIT:		
ORIGINAL YEAR BUILT	PROTECTION CLASS	TERRITORY	CONTENTS LIMIT:		
<input type="checkbox"/> FRAME <input type="checkbox"/> JOISTED MASONRY <input type="checkbox"/> NON-COMBUSTIBLE <input type="checkbox"/> MASONRY NON-COMBUSTIBLE <input type="checkbox"/> MODIFIED FIRE RESISTIVE <input type="checkbox"/> FIRE RESISTIVE	ROOF TYPE <input type="checkbox"/> SHAKE <input type="checkbox"/> TILE <input type="checkbox"/> COMPOSITION <input type="checkbox"/> OTHER	DEDUCTIBLE <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 LIABILITY LIMIT <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 WIND & HAIL DEDUCTIBLE (WHERE APPLICABLE) <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 100% (EXCLUDE WIND / HAIL) FUNCTIONAL BUSINESS VALUE: <input type="checkbox"/> YES <input type="checkbox"/> NO			
% of units rented	# of swimming pools / spas	# of buildings at location	# of units at location	# of floors	sprinklered <input type="checkbox"/> YES <input type="checkbox"/> NO

## IF UNIT OWNERS COVERAGE IS DESIRED SELECT ONE OF THE FOLLOWING OPTIONS

PER UNIT (LIMIT PER UNIT) (INDICATE LIMIT AND SELECT DEDUCTIBLE BELOW)	\$	BLANKET (VALUE FOR ALL UNITS) (INDICATE LIMIT AND SELECT DEDUCTIBLE BELOW)	\$
PER UNIT DEDUCTIBLE:		BLANKET DEDUCTIBLE:	
<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000		<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	
INCLUDED (VALUE FOR ALL UNITS)	\$	DO YOU WANT TO EXCLUDE FLOOR, WALL & CEILING COVERAGE (E6323) <input type="checkbox"/> YES <input type="checkbox"/> NO	

## BUILDING COST ESTIMATOR

	HABITATIONAL	CLUB HOUSE	DETACHED CARPORT/ GARAGE	OTHER		HABITATIONAL	CLUB HOUSE	DETACHED CARPORT/ GARAGE	OTHER
NUMBER OF BUILDINGS					BUILDING SHAPE	SQUARE, RECTANGLE, IRREGULAR			
GROUND AREA - SQUARE FOOTAGE					FLOOR TO FLOOR OR EAVE HEIGHT				
NUMBER OF FLOORS (EXCEPT BASEMENT)					NUMBER OF FIREPLACES				
BASEMENT					NUMBER OF ELEVATORS				
AVERAGE DEPTH PER LEVEL - FEET					NUMBER OF ELEVATOR DOORS				
NUMBER OF BASEMENT LEVELS					OUTSIDE POOLS				
CRAWL SPACE					PARKING				
GRADE SLAB					SUBTERRANEAN - SQUARE FOOTAGE				
QUALITY					GROUND LEVEL - SQUARE FOOTAGE				

FOR ADDITIONAL LOCATIONS SUBMIT SEPARATE QUICK COST ESTIMATOR

**PACKAGE COVERAGES WITH OPTIONAL HIGHER LIMITS AVAILABLE**

COVERAGE	OPTIONAL HIGHER LIMITS	COVERAGE	OPTIONAL HIGHER LIMITS
OUTDOOR SIGNS		DIRECTORS AND OFFICERS LIABILITY	
ACCOUNTS RECEIVABLE		RETROACTIVE DATE	
VALUABLE PAPERS		LIMIT	
BUILDING ORDINANCE COVERAGE B		RETENTION	
BUILDING ORDINANCE COVERAGE C		NUMBER OF DIRECTORS AND OFFICERS	
EMPLOYEE DISHONESTY DEDUCTIBLE		DISCRIMINATION DEDUCTIBLE	
NUMBER OF EMPLOYEES		HIRED AUTO	
FIRE / TENANTS LIABILITY		NON-OWNED AUTO LIABILITY	
MONEY AND SECURITIES		EARTHQUAKE - SPRINKLER LEAKAGE	
COMPUTER COVERAGE - HARDWARE		EARTHQUAKE - BUILDING LIMIT (*SEE MANUAL PAGE)	
COMPUTER COVERAGE - MEDIA AND RECORDS		- ZONE	
SPECIFIED PROPERTY		- BUILDING CLASS	
BUSINESS INCOME (RENT) AND EXTRA EXPENSE (APARTMENT) PRIMARY INCLUDES \$50,000, PREMIER INCLUDES \$100,000 IF BUILDING VALUE < \$10 MILLION		- CONTENTS	
ASSOCIATION FEES AND EXTRA EXPENSE (CONDOMINIUM)		- DEDUCTIBLE FACTORS	
OUTDOOR PROPERTY - TREES, SHRUBS AND PLANTS (PREMIER ONLY)		- UNDERLYING EXPOSURE %	
GLASS DEDUCTIBLE BUYBACK		- RATING CONDITIONS	
EMPLOYEE BENEFITS LIABILITY		- OTHER THAN FIRM GROUND	
BACK UP OF SEWER AND DRAIN		- INTERMEDIATE HAZARDS	
MINE SUBSIDENCE (IL, IN, OH)		- ROOF TANK ON BUILDING	

DOES MORTGAGEE PAY PREMIUM?	YES	NO	MORTGAGEE	LOSS PAYEE	ADDITIONAL INSURED
NAME, ADDRESS AND LOAN NUMBER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME, ADDRESS AND LOAN NUMBER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME, ADDRESS AND LOAN NUMBER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR LOSS HISTORY**

POLICY PERIOD	CARRIER	PREMIUM	TYPE OF LOSS	NUMBER OF CLAIMS	AMOUNT PAID / RESERVED
PAST 12 MONTHS					
13-24 MONTHS					
25-36 MONTHS					

LOSS HISTORY REMARKS (PLEASE DETAIL ANY LOSS IN THE PAST 3 YEARS) (HARD COPY REQUESTED)

THE FOLLOWING QUESTIONS APPLY TO ALL LOCATIONS. DOES THIS RISK MEET ALL OF THE BUSINESS GUIDE REQUIREMENTS FOR THE FOLLOWING AREAS OF CONCERN? (PLEASE EXPLAIN IN THE REMARKS SECTION ANY AND ALL ITEMS THAT DO NOT COMPLY WITH THE LISTED REQUIREMENTS)

		YES	NO
1.	DURING THE PAST THREE YEARS, HAS ANY COVERAGE BEEN CANCELED, NON-RENEWED, DECLINED OR PLACED WITH A SURPLUS LINES CARRIER?		
2.	IS THE PROPERTY MANAGED BY A PROFESSIONAL PROPERTY MANAGEMENT COMPANY?		
3.	HAS THE AGENT INSPECTED THE PROPERTIES AT ALL LOCATIONS?		
3a.	NUMBER OF PHOTOS TO BE REIMBURSED?		
4.	CONTACT NAME: _____ PHONE NUMBER: _____		
5.	ARE THERE ANY LOCATIONS OF BUSINESS INTERESTS OWNED BY THE APPLICANT NOT SHOWN ON THIS APPLICATION?		
6.	WERE ANY BUILDINGS CONVERTED FROM OTHER OCCUPANCIES?		
7.	IS ANY REMODELING, RENOVATION OR CONSTRUCTION IN PROGRESS OR PLANNED?		

REMARKS:

CONDOMINIUMS:	DATE ASSOCIATION FORMED:	ANNUAL ASSOCIATION FEES:
APARTMENTS:	DATE LOCATION WAS ACQUIRED?	ANNUAL RENTS:
MAXIMUM NUMBER OF UNITS PER FIRE DIVISION:		BUILDING COST ESTIMATOR VALUE
RENOVATION YEAR:	WIRING:	ROOF:
		PLUMBING:
		HEATING/AC:

REMARKS:

**PROPERTY / CRIME REQUIREMENTS**

		YES	NO
8.	ARE THERE ANY WOOD BURNING STOVES IN THE UNITS OR COMMON AREAS?		
9.	ARE THERE SMOKE ALARM / HEAT DETECTORS IN EACH UNIT AND HALLWAYS?		
9a.	IF YES, ARE THEY HARDWIRED?		
9b.	IF BATTERY POWERED, IS THERE A METHOD FOR PROMOTING REGULAR REPLACEMENT OF BATTERIES IN INDIVIDUAL UNITS?		
10.	ARE THERE FIRE EXTINGUISHERS ON EACH FLOOR?		
11.	ARE THE GARBAGE CHUTES SPRINKLED AND KEY LOCKED?		
12.	ARE THERE ANY RESTAURANTS OR OTHER BUSINESSES ON THE PREMISES?		
12a.	IF YES, WHAT % OF TOTAL SQUARE FOOTAGE DO THE BUSINESSES REPRESENT?		
13.	HAS ANY BUILDING EXPERIENCED WATER DAMAGE SUCH AS LEAKING PLUMBING SYSTEMS, ROOF LEAKS, OR WATER BACKUP OF DRAINAGE SYSTEM IN THE PAST 3 YEARS?		
14.	DO YOU HAVE ANY KNOWLEDGE OF ANY FUNGUS, WET OR DRY ROT FORMING ON ANY PART OF THE INTERIOR OR EXTERIOR OF ANY BUILDING?		

REMARKS:

		N/A	YES	NO
15.	ARE ALL COMMON AREAS, PARKING LOTS AND SIDEWALKS IN GOOD REPAIR AND WELL LIT?			
16.	ARE ALL STAIRWAYS AND AISLE WAYS WELL LIT WITH EMERGENCY LIGHTING SYSTEMS AND LIGHTED SIGNS IN PLACE?			
17.	ARE THERE DEAD BOLT LOCKS INSTALLED IN ALL EXTERIOR DOORS?			
18.	IS THERE A PROCEDURE FOLLOWED TO CHANGE LOCKS WHEN A TENANT MOVES OUT?			
19.	IS THERE A CHILDCARE OPERATION ON PREMISES?			
19a.	IF YES, DO THEY MEET GUIDELINES?			
20.	IS THERE A MARINA, GOLF COURSE, POND OR LAKE ON THE PREMISES?			
21.	IS THERE A HISTORY OF CRIMES AGAINST PERSONS OR PROPERTY ON PREMISES?			
22.	ARE SECURITY BARS ON THE WINDOWS QUICK RELEASE?			
23.	DO THE SWIMMING POOL AND SPA MEET ALL REQUIREMENTS?			
24.	DOES THE PLAYGROUND AREA(S) MEET ALL REQUIREMENTS?			
25.	ARE THE OPENINGS IN STAIRCASE AND/OR BALCONY RAILINGS SPACED 4 INCHES OR CLOSER?			
26.	IS THERE A HOLD HARMLESS AGREEMENT IN PLACE NAMING THE OWNER OF THE COMPLEX AND/OR THE HOA AS AN ADDITIONAL INSURED IF ANY SERVICES FOR THE COMPLEX ARE CONTRACTED OUT (i.e. GARDENING, SNOW-REMOVAL ETC)?			

REMARKS:

**EARTHQUAKE (IF COVERED)**

		YES	NO
27a.	NO SIGNS OF PRE-EXISTING DAMAGE.		
27b.	NO HILLSIDE EXPOSURE.		
27c.	NO SOFT FIRST FLOOR (NO ABOVE GROUND PARKING UNDER ALL OR PART OF THE STRUCTURE) OR OTHER DESIGN FEATURE, WHICH WOULD CONTRIBUTE TO COLLAPSE.		

REMARKS:

