

**Preferred Access Condominium Program
HO6 Application**



Applicant	Effective Date	Expiration Date

INSURED LOCATION	Unit #	City	State	Zip
Mailing Address		City	State	Zip

COVERAGES/LIMITS OF LIABILITY

Dwelling/(A&A)	Personal Property	Loss of Use	Personal Liability	Medical Payments	Loss Assessment
AOP Deductible	Wind Deductible (if applicable)			Exclude Wind	
	% [] 500 [] 1,000 [] 2,500 [] 5,000			[] Yes	

RATING INFORMATION

Year Built (<i>*see update chart</i>)	Protection Class	Square Footage	On which floor is the unit located?

**Update Information (required if condo is >35 years old)*

Roof		Wiring		Heating		Plumbing	
Year		Year		Year		Year	
Partial []	Complete []	Partial []	Complete []	Partial []	Complete []	Partial []	Complete []

Occupancy	Construction	Roof Type	Credits
[] Primary	[] Frame/Stucco	[] Composite/Asphalt	[] Central Fire
[] Secondary	[] Masonry	[] Shake	[] Central Burglar
[] Secondary Rental	[] Masonry Veneer	[] Tile	[] Smoke Detector
[] Rental	[] Superior	[] Slate	[] Metal Electronic Shutters
[] Builder's Risk	[] EIFS	[] Other	[] Metal Manual Shutters
[] Vacant			[] Interior Sprinklers
			[] Protective Glass

LOSS HISTORY (within the past 3 years)

Date	Type of Loss	Cause	Amount	Open/Closed	Preventative Measures

ADDITIONAL UNDERWRITING INFORMATION

Any insurance declined, cancelled or non-renewed within 5 years?	[] Yes	[] No
Is the unit rented to students ?	[] Yes	[] No
Has anyone with financial interest in the property been convicted of arson, fraud or other crime related to a loss on property?	[] Yes	[] No
Has the insured declared bankruptcy, foreclosure or repossession in the last 5 years?	[] Yes	[] No
Is the condo undergoing any renovation or construction ?	[] Yes	[] No
Has the insured had a lapse in coverage on this property?	[] Yes	[] No

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OPTIONAL COVERAGES

LIMITS

All Risk Coverage A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Personal Property Replacement Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Water Backup	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mold – Section I	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
All Risk Coverage C	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Flood on A&C <i>(excluded on ground floor)</i> \$5,000 DEDUCTIBLE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Earthquake on A&C \$5,000 DEDUCTIBLE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sinkhole	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Personal Injury <i>(primary occupancy only)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Identity Fraud <i>(primary occupancy only)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Increased Ordinance or Law	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 25%

CA Only: Is there 150 feet of brush clearance around all structures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes to EQ in CA, OR, WA: Has the condo been retrofitted and bolted to the foundation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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REMARKS

Mortgagee (Name/Mailing Address)	Loan #
Mortgagee (Name/Mailing Address)	Loan #

PRODUCER'S SIGNATURE _____ **DATE:** _____

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application and that the information provided is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

APPLICANT'S SIGNATURE _____ **DATE:** _____