

Property

1. Property Name: _____
2. Property Description: _____
3. Apartments: _____ Habitational Condominium: _____ Office Condominium: _____
4. Total # units _____ # of occupied units _____ # of rental units _____
5. If apartments, % of student rental: _____ If subsidized units # of units: _____

Construction

6. # of stories: _____ **Construction:** (____)Frame* (____)JM (____)Fire Res. (____)MNC (____)NC (____)Other: _____
*If frame constuction please check if applicable. ()Brick Veneer () Stucco () Hardiplank () Other _____
7. Is there any EIFS, Dryvit or similar exterior construction present? ()Yes ()No
- 7a. EIFS type systems are prohibited. (EIFS used for decorative or ornamental purposes, call your underwriter prior to submitting)

8. Roof Information (Must be completed to secure quote)

- (____)Single Ply Membrane (____)Built-up (____)Shingles - (55 MPH Rated) (____)Shingles - (110 MPH Rated)
(____)Concrete Tile (____)Clay Tiles (____)Wood Shingles (____)Metal (____)Other: _____
9. Age of roof: (last replacement or update) _____ Are there roof anchor or hurricane straps? Yes ____ No ____

Roof Geometry: (See discription of roof types on page 2)

- (____)Hip (____)Gable (____)Flat with Mansard (____)Monoslope (____)Flat (____)Mono-Slope (____) Other _____
10. If roof is flat is there any equipment attached? (describe) _____
 11. Is equipment securely anchored to the roof? Yes ____ No ____ Are there hurricane shutters/pannels? Yes ____ No ____
 12. Are the building(s) windows and or doors made of IMPACT GLASS? Yes ____ No ____

Renovations / Updates

13. Are any renovations currently being performed to the exterior or interior of the building(s)? _____
14. Year of updates: Plumbing _____ Electrical _____ HVAC _____ Water heaters _____ Gas or electric? _____
15. Gut Renovations: Year _____ Details _____

Fire Protection

16. Sprinklered? None _____ Fully _____ If partial, describe areas protected: _____
17. Smoke detectors? Yes _____ No _____ If Yes: Hardwired _____ Battery _____
If battery, are measures taken to maintain and keep operational? _____ If yes, by whom? _____
18. Fire Extinguishers on each floor? Yes ____ No ____ In each unit? Yes ____ No ____

Habitational Property Supplemental

Additional Information required

19. List any mold, hidden decay or collapse losses paid or reported:

Description here: _____

20. ATTACH A COPY OF RENT ROLL OR TENANT OCCUPANCY

21. ATTACH A PLOT PLAN OR DIAGRAM OF THE PREMISES SHOWING THE DISTANCES BETWEEN BUILDINGS

22. ATTACH A STATEMENT OF VALUES

Gable Roof

Hip Roof

Slope Roof

Flat Roof

Dutch Hip Roof



General

1. Is this a rooming house (common facilities other than laundry)? Yes No
2. Is all wiring connected to circuit breakers? Yes No
3. Are wood stoves, space heaters or temporary heating units in use on the premises? Yes No
4. Any timeshare, short term or seasonal rentals? Yes No
5. Any bars on windows or security guard hired? Yes No
6. Any Insurance Company recommendation outstanding? Yes No
7. Any community owned electric, water, bridges, dams or septic treatment facilities? Yes No
8. Does this risk have fireplaces? Yes No
9. Is the building on a historical registrar? Yes No
10. Any personal property in owner occupied units? Yes No
11. Any barns on the premise? Yes No
12. Management on site? Yes No
13. Maintenance on site? Yes No

Is the property in any type of bankruptcy, receivership or in foreclosure? (____)YES (____)NO

Version: 11/28/2011/JHSUM

ANSWER ALL QUESTIONS - IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

This information does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING

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

APPLICANTS SIGNATURE: _____ **DATE:** _____

Name and phone number if individual to contact for inspection _____