

Sales Rep.

CONDOMINIUM/TOWNHOUSE/RENTER'S INSURANCE APPLICATION

Applicant's Name: _____ **Birth Date:** _____ **S.S. #** _____
Current Address: _____ **Occupation:** _____

Co-Applicant's Name: _____ **Birth Date:** _____ **S.S. #** _____
Current Address: _____ **Occupation:** _____

Phone: _____ **E-mail:** _____

Property Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Unit/Apartment No.: _____ **Floor unit is located:** _____
Condominium's or Complex Name: _____

Purchase Price/Amount to insure: _____ **Amount Financed:** _____
Mortgagee Clause: _____ **Loan #:** _____
Address: _____

Send renewal Bill to: Mortgage Company _____ Insured _____

Do you own or rent the unit/apartment: _____

Is the unit Owner occupied: _____ New Construction: _____ Is the Unit/Apartment vacant: _____

Have you filed for Bankruptcy in past 10 years? Yes _____ No _____

Garage: ___Yes___No, if so, garage type: Attached___Detached___ Built in___ How many cars: _____

No. of Bedrooms:___No. of Bathrooms:___ No. of Kitchen:___ Unit Sq. Footage: _____

Year Built:_____ Heating System: Gas___ Electric___ Oil _____

Is the heating and Air Conditioning Unit located in your unit? _____

Building Construction: Frame _____ Brick _____ Other: _____

Number of stories in the Building: _____ in which floor is your unit located: _____

Do you have a central monitored security system such ADT, Slommins, etc? Yes ___ No ___

The following are located on the premises:

Swimming Pool _____ Trampoline _____ Dog _____ Fireplace _____

Additional Items, you wish to insure:

Sent/Referred by: _____ send quote to: _____
Print name and number (Fax # or E-mail)