



# Condominium Unit Owner & Tenants Product

## CONDOMINIUM UNIT OWNERS' INVESTORS' PRODUCT APPLICATION

### Section I: General Information

- Applicant's Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Applicant's Phone Number: \_\_\_\_\_

### Section II: Risk Location Information

- Address: \_\_\_\_\_ Unit/Apt# \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_
- Protection Class: \_\_\_\_\_
- Year of Construction: \_\_\_\_\_ If the building is greater than 25 years old, please provide year of systems updates for:  
Electrical \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof \_\_\_\_\_

### Section III: Occupancy

8.  Owner Occupied  Renter/Tenant  Leased to Others  Short Term Rental  Vacant

### Section IV: Limits: Property

Coverage A Dwelling	Coverage C Personal Property	Coverage D Loss of Use	Coverage E Personal Liability	Coverage F Medical Payments

9. Deductible  \$500  \$1,000  \$2,500

### Section VI: Additional Coverage Options

- Replacement Cost on Contents:  Yes  No
- Loss Assessment Coverage: (\$50,000 maximum) \$ \_\_\_\_\_
- Have there been any claims or losses in the past 5 years regardless of type or amount?  Yes  No

### Section VII: Loss History

Date	Type	Description	Amount

### Section VIII: General Information

- Does the applicant or any member of the applicant's household currently have any active policies with United States Liability Insurance Company, Mount Vernon Fire Insurance Company, or U.S. Underwriters Insurance Company?  Yes  No
- Has the applicant, or any member of the household, been employed as any of the following: professional athlete, entertainer, media personality, reporter, author, journalist, Coach in the NBA, NFL, MLB, NHL, or College Division I Football or Basketball; owner of a professional sports team; CEO of a publicly traded Company, or Director or Producer with major television or motion picture credits? Is any individual an elected or appointed public official at the state or federal level, or a generally recognizable public figure?  Yes  No
- Has the applicant, or any member of the applicant's household, been convicted of a felony within the past 10 years?  Yes  No
- Is there a Business Exposure of any kind, including Day Care, on the premises?  Yes  No
- Any government subsidized residents?  Yes  No
- Any exotic pets, farm, or saddle animals at this location?  Yes  No

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 19. Is this a farm or ranch exposure?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Is this location rented to others on a weekly or seasonal basis?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, is this unit made available for rent on a nightly basis?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Is the unit undergoing renovation or reconstruction?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Does the unit have central heat?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Are there any fireplace inserts, wood burning or coal stoves, space heaters, or free standing fireplaces at this location?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Is this unit rented to college students?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Are there any roomers or boarders at this location?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Is this unit adjacent to a vacant building?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Is an additional insured endorsement required for this risk?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, is the additional insured an individual, trust, estate, or other non-commercial entity in which there is a vested interest in one of the exposures included in the policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. Is the Minimum Earned Premium Endorsement required for this risk?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. Are secondary or seasonal units properly secured, and do they maintain the utilities or temperature controls to at least the minimum level while the unit is unoccupied?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. Does the unit have functional smoke detectors on all levels?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31. Risks having had a claim caused by a animal (that can not be excluded) in the past three years?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32. Is all electrical service connected to circuit breaker with at least 100 amp service?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 33. If the unit is leased to others, are the locks changed with new tenants?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Section IX: Additional Insured** Interest (circle one)

Mortgagee/Additional Insured

29. Name: \_\_\_\_\_
30. Address: \_\_\_\_\_

**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 and Washington 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: \_\_\_\_\_