

# Condominium Unit-Owners (HO6) Application



Agent:   Ph:	Insured Name & Mailing Address:																								
Requested Effective Date: _____ Policy #: _____																									
Name of Condominium: _____ Unit #: _____ Bldg #: _____ Street Address: _____ Unit Located on Floor #: _____ City: _____ State: _____ Zip: _____ County: _____																									
<b>Coverage Options</b>																									
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Package Option:</th> <th style="width: 25%;">Blanket Limit A &amp; C</th> <th style="width: 25%;">Coverage D</th> <th style="width: 25%;">Premium</th> </tr> </thead> <tbody> <tr> <td>Option 1:</td> <td>\$10,000</td> <td>\$4,000</td> <td><input type="checkbox"/> \$175</td> </tr> <tr> <td>Option 2:</td> <td>\$15,000</td> <td>\$6,000</td> <td><input type="checkbox"/> \$200</td> </tr> <tr> <td>Option 3:</td> <td>\$25,000</td> <td>\$10,000</td> <td><input type="checkbox"/> \$333</td> </tr> <tr> <td>Option 4:</td> <td>\$30,000</td> <td>\$12,000</td> <td><input type="checkbox"/> \$399</td> </tr> <tr> <td>Option 5:</td> <td>\$50,000</td> <td>\$15,000</td> <td><input type="checkbox"/> \$618</td> </tr> </tbody> </table> <p style="color: red; margin-top: 10px;">The perils of Wind, Hail, and Flood are Excluded</p>		Package Option:	Blanket Limit A & C	Coverage D	Premium	Option 1:	\$10,000	\$4,000	<input type="checkbox"/> \$175	Option 2:	\$15,000	\$6,000	<input type="checkbox"/> \$200	Option 3:	\$25,000	\$10,000	<input type="checkbox"/> \$333	Option 4:	\$30,000	\$12,000	<input type="checkbox"/> \$399	Option 5:	\$50,000	\$15,000	<input type="checkbox"/> \$618
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<b>All Packages Include:</b>  Loss Assessment: \$1,000 Water Backup: \$1,000 Limited Mold: \$1,000 Liability: \$300,000 Med Pay: \$5,000 Deductible: \$1,500 per occurrence	<b>Additional Coverage Options:</b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> \$5,000 Loss Assessment:  <input type="checkbox"/> \$10,000 Water Sewer Backup:  <input type="checkbox"/> \$10,000 Limited Mold:  <input type="checkbox"/> \$500,000 Liability &amp; 10,000 Med Pay:  <input type="checkbox"/> Equipment Breakdown Coverage:         </div> <div style="text-align: right;">           Additional Premium            \$75            \$45            \$50            \$70            \$25         </div> </div>																								
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<b>Building Information</b>																									
Construction: <input type="checkbox"/> Frame/Brick Veneer <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Fire-Resistive <input type="checkbox"/> Other _____																									
Sq. Footage of Unit:	Protection Class:	Elevated Building: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Stories:																						
Yr. Construction:	Mortgagee:																								
<i>Coverage is being provided by Certain Underwriters at Lloyd's, London. Neither the U.S. Brokers that handled this insurance nor the insurers that have underwritten this insurance will disclose non-public personal information concerning the buyer to non-affiliates of the brokers or insurers except as permitted by law.</i>																									
<div style="display: flex; justify-content: space-between;"> <div>Agent Signature _____</div> <div>Date _____</div> </div>																									

10/22