

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>																																					
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<p style="color: red; font-size: small;">Flood options not available to units that are non-elevated and/or located on the ground floor AND on land whose boundary on one or more sides is represented by or adjacent to a mean high-water boundary of an ocean, bay, sound, inlet, marsh, or stream. Flood is excluded for these units.</p>																																					
<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>  <table style="width: 100%;"> <tr> <td style="width: 80%;"><input type="checkbox"/> \$5,000 Loss Assessment:</td> <td style="width: 20%; text-align: right;">\$95</td> </tr> <tr> <td><input type="checkbox"/> \$10,000 Water Sewer Backup:</td> <td style="text-align: right;">\$55</td> </tr> <tr> <td><input type="checkbox"/> \$10,000 Limited Mold:</td> <td style="text-align: right;">\$60</td> </tr> <tr> <td><input type="checkbox"/> \$500,000 Liability &amp; 10,000 Med Pay:</td> <td style="text-align: right;">\$85</td> </tr> <tr> <td><input type="checkbox"/> Equipment Breakdown Coverage:</td> <td style="text-align: right;">\$25</td> </tr> </table>	<input type="checkbox"/> \$5,000 Loss Assessment:	\$95	<input type="checkbox"/> \$10,000 Water Sewer Backup:	\$55	<input type="checkbox"/> \$10,000 Limited Mold:	\$60	<input type="checkbox"/> \$500,000 Liability & 10,000 Med Pay:	\$85	<input type="checkbox"/> Equipment Breakdown Coverage:	\$25																										
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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:																																				
<p style="font-size: small;">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.</p>																																					
<div style="display: flex; justify-content: space-between;"> <span>Agent Signature _____</span> <span>Date _____</span> </div>																																					