



Southern California
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 F: (949) 477-5040

Northern California
 P: (209) 474-9100
 F: (866) 217-1815

Pacific Islands
 P: (808) 840-1980
 F: (866) 859-8302

CondoUnitPAC APPLICATION
 (Can be used in lieu of the Acord Application)

PRODUCER INFORMATION	Date (MM/DD/YY)
AGENCY NAME:	Phone: FAX :
PRODUCER SUBMITTING THE RISK:	E: Mail Address:

APPLICANT INFORMATION			
NAME:			
MAILING ADDRESS:			
PROPOSED EFF DATE:	FROM:	TO:	E-Mail Address:

AVAILABLE COVERAGES & LIMITS

Three options are available as per grid below. Different limits for the BPP and the Loss of rents are available.

Coverages	Option A	Option B	Option C
General Liability Policy Limits	\$1,000,000 each occurrence \$2,000,000 aggregate		
Property per unit Limits:			
- BPP incl. Improvements & betterments	\$25,000	\$50,000	\$75,000
- Loss of Rents	\$5,000	\$7,500	\$10,000
- Loss Assessment	\$2,500	\$2,500	\$2,500
- Misc. Real Property	\$2,500	\$2,500	\$2,500
- Lock and Key Replacement	\$500	\$500	\$500
- Tenant Relocation Expense	\$750/\$15,000 annual agg	\$750/\$15,000 annual agg	\$750/\$15,000 annual agg

SCHEDULE OF LOCATIONS AND REQUESTED OPTIONS/LIMITS

(EB = Equipment Breakdown)

LOC#	BLD#	STREET, CITY, STATE, ZIP, Unit #	Construction Type	# Of Stories	Year Built	Prot Class	Option Requested	Different Limits?	EB	Wind Incl?
							<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	BPP: _____ Loss of Rents: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	BPP: _____ Loss of Rents: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	BPP: _____ Loss of Rents: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	BPP: _____ Loss of Rents: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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ADDITIONAL COVERAGES

Hired and Non Owned :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Higher Loss Assessment per unit Limits:	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000

ADDITIONAL INFORMATION

Are any of the units occupied by students?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes which units? _____
Are any of the units occupied by students?:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes which units? _____
Any Policy or Coverage Declined, Cancelled or Non Renewed during the prior three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any loss assessments in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes which units? _____

LOSS HISTORY

Enter all claims or losses (Regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 years (3 years in KS & NY)							Check if none <input type="checkbox"/> See Attached summary <input type="checkbox"/>	
Loc #	Bld #	Date of occurrence	Type/Description of Occurrence or claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status	
							Open	Closed
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____ Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**