



CondoUnitPac APPLICATION

(Can be used in lieu of the Acord Application)

This Program is intended to provide coverage for owners of condominium units that are rented out to others or an annual or seasonal basis.

PRODUCER INFORMATION

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

APPLICANT INFORMATION

NAME:					
MAILING ADDRESS:					
PROPOSED EFF DATE:	FROM:		TO:		E-Mail Address:
FORM OF BUSINESS:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER				

AVAILABLE COVERAGES & LIMITS

Three options are available as per grid below. Different combinations of limits for the BPP/I&B and Loss of rents are also available.

Coverages	Option A	Option B	Option C
General Liability Policy Limits	\$1,000,000 each occurrence / \$2,000,000 aggregates		
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 aggregate	\$750/\$15,000 annual aggregate	\$750/\$15,000 annual aggregate

SCHEDULE OF LOCATIONS AND REQUESTED OPTIONS/LIMITS

(EB = Equipment Breakdown)

Loc #	Location Address:	Construction Type	# of Stories	Year Built	Prot Class	Option Requested (select one)	Different Limits?		EB	Wind Incl?
							BPP/I&B	Loss of Rents		
1						OA OB OC			OYes ONo	OYes ONo
2						OA OB OC			OYes ONo	OYes ONo
3						OA OB OC			OYes ONo	OYes ONo
4						OA OB OC			OYes ONo	OYes ONo

ADDITIONAL COVERAGES

Hired and Non Owned	OYes ONo		
Higher Loss Assessment per unit Limits	\$5,000	\$7,500	\$10,000

ADDITIONAL INFORMATION

Basis of occupancy:	O Monthly	O Yearly	O Seasonal
What is the annual percentage of occupancy?			
Are any of the units occupied by students?	OYes ONo		
If yes, which units?			
Are any of the units dedicated to Assisted Living or Senior Housing?	OYes ONo		
Are more than 50% of the units in the complex owned by the same individual/investment group?	OYes ONo		
Are more than 50% of owned units vacant, other than seasonal?	OYes ONo		
Is any unit vacant for more than 3 months?	OYes ONo		



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Are there procedures in place to replace hot water heaters every ten years?	○Yes ○No
Any Policy of Coverage Declined, Cancelled or Non Renewed during the prior three (3) years?	○Yes ○No
Any loss assessments in the past 5 years?	○Yes ○No
Does the Applicant utilize a property manager?	○Yes ○No
If yes, does the Property Manager provide the Applicant with a Certificate of Insurance showing the candidate as Additional Insured?	○Yes ○No

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	
Loc #	Bldg #	Date of occurrence	Type/Description of Occurrence or claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status	
							Open	Closed

STATE FRAUD STATEMENTS:

Arkansas: 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.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: 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 claimants with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: 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: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: 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.

Louisiana: 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.

Maine: 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 denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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 civil fines and criminal penalties.

New York: 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: Any person who, with the 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.



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Oklahoma: 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.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: 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.

Rhode Island: 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.

Tennessee: 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.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: 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.

Washington: 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.

West Virginia: 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.

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: _____

Agency: _____

Producer Code: _____

Date: _____

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