

**INFORMATION REQUIRED TO QUOTE YOUR COVERAGE:**  
(PLEASE COMPLETE/PROVIDE ALL THE INFORMATION REQUESTED)

1. NAME & ADDRESS:  
(As the policy should read)

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2. OWNER'S NAME &  
ADDRESS  
(If different from above)

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3. NAME OF PROJECT:

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4. PROPERTY ADDRESS:

(Street #, city, county and

ZIP code at property location)

County:

Correct ZIP code:

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5. NAME /ADDRESS OF MGMT. CO.

MGMT. CO. PHONE# \_\_\_\_\_

CONTACT NAME:

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6. NAME/ADDRESS OF MORTGAGE HOLDER:

LOAN#

Please list any required additional lien holders or additional insureds at bottom of page.

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7. Year project built: \_\_\_\_\_, Total # of units: \_\_\_\_\_, Total # of **Apartment Buildings**: \_\_\_\_\_,  
#of other bldgs: \_\_\_\_\_, What are they? Office, etc. \_\_\_\_\_, Total square footage-all bldgs. \_\_\_\_\_,  
#of stories: \_\_\_\_\_, Type of construction: \_\_\_\_\_, Roof type:

\_\_\_\_\_

Age of roofs: \_\_\_\_\_, Family or senior project?: \_\_\_\_\_, Playground or Pool? \_\_\_\_\_

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8. TOTAL INSURANCE REQUIRED ON ALL BUILDINGS: \$ \_\_\_\_\_

TOTAL INSURANCE REQUIRED ON RENTS: \$ \_\_\_\_\_ MONTHLY % \_\_\_\_\_

TOTAL INSURANCE REQUIRED ON CONTENTS: \$ \_\_\_\_\_

**\*IMPORTANT: DOES ANY ONE UNIT EXCEED \$75,000.00 VALUE?** \_\_\_\_\_ **\*Must answer\***

**DOES ANY ONE BUILDING EXCEED \$650,000.00 VALUE?** \_\_\_\_\_ **\*Must answer\***

**DOES ANY PROJECT EXCEED 1,500,000. IN TOTAL VALUE?** \_\_\_\_\_ **\*Must answer\***

**Is Hired & Non owned auto coverage requested?** \_\_\_\_\_ **\*1 million limit\*must**

answer

**Is Products & Completed Operations coverage requested?** \_\_\_\_\_ **\*1 million limit\*must**

**answer**  
**Do you require Abuse/Molestation & Assault/Battery coverage “buy back”\_\_\_\_\_ \*1 million limit \*must**  
**answer**

**Is this assisted care or nursing home?**\_\_\_\_\_

9. **WHAT EFFECTIVE DATE OF COVERAGE DO YOU REQUIRE?** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

10. **WHO IS YOUR CURRENT INSURANCE CARRIER:**\_\_\_\_\_

11. **WE MUST HAVE PAST LOSS INFO:** Your current/past insurer is required to provide this information if you request it, if for some reason you can not get this info, please include a **signed memo** documenting any/all losses you have sustained during the past five years. Have all past claims repairs been completed?

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12. **PLEASE PROVIDE A SITE PLAN, PLOT PLAN, OR DIAGRAM OF HOW THE PROPERTY IS SITUATED ON LOT, INCLUDING PARKING AREAS.** Indicate on the plot plan the distance in feet between buildings. Please provide a copy of your latest USDA Physical Inspection Report.

I certify that this application is accurate and complete and shall form the basis of the insurance contract should coverage be issued.

Date\_\_\_\_\_ Signature of Applicant

**ADDITIONAL INFORMATION: (Leinholders, additional insureds, etc.)**

**CALCULATE \$ PER SQUARE FOOT:**

TOTAL INSURANCE ON BUILDINGS:  
DIVIDED BY TOTAL SQUARE FOOTAGE:  
EQUALS INSURANCE AMOUNT PER SQUARE FOOT:

**FAX COMPLETED APPLICATION TO: 1-830-598-6807**