

Habitational Application

Producer Information

Producer name	
Producer phone number	
Producer email	
Producer fax number	

Insured Information					
Named insured					
Address					
City, State, Zip code					
Effective date					
Expiration date					
Inspection contact					
Contact phone number					
Expiring carrier					
Expiring premium					
Target premium					

Business Information

Individual	Partnership	Corporation	LLC	Trust	Other					
In the past 5 ye	ears, has any ins	urance carrier ca	nceled	your insur	ance?		Yes	No		
Are you a developer or builder of the property to be insured? Yes					No					
If yes, do you carry separate general liability insurance for these operations?						Yes	No	N/A		
Do you act as a property manager for any properties not included in this submission?			nission?	Yes	No					
Do you run background checks on tenants prior to renting to them?					Yes	No	N/A			
Provide years of real estate ownership or management experience.										

Claims Information

Current year number of claims?		
Current year amount of claims?		
Second year number of claims?		
Second year amount of claims?		
Third year number of claims?		
Third year amount of claims?		
Fourth year number of claims?		
Fourth year amount of claims?		
Please provide descriptions of claims listed above:		

Property deductible				
Agreed amount Replacement Cost Actual Cash Value				
Co-insurance %				
Terrorism	Yes No			
Property enhancement endorsement	Yes No			
Equipment breakdown	Yes No			
Back up of sewers and drains	Yes No			
If yes, what limit?				
Employee Theft	Yes No			
If yes, what limit?				
If yes, what deductible?				
Forgery	Yes No			
If yes, what limit?				
If yes, what deductible?				
Theft, disappearance and destruction – Inside the Premise	Yes No			
If yes, what limit?				
If yes, what deductible?				
Outside the Premise	Yes No			
If yes, what limit?				
If yes, what deductible?				
Hired and non owned automobile	Yes No			
Stop gap	Yes No			
Employee benefits liability	Yes No			
If yes, number of employees?				
Umbrella liability	Yes No			
If yes, what limit?				
Location Information				

Location Information

Location address					
City, State, Zip code					
Building Information					
% frame		% joisted masonry			
% non combustible		% masonry non combustible			
% modified fire resistive			% fire resistive		
Year built			Number of stories		
Protection class			Total square footage		
Roof update year		Plumbing update year			
Roof type		Plumbing type			
Electrical update year		HVAC update year			
		Exposure Info	rmation		
Building type	Apartment	Garden Apartr	nent Cooperative Condominium		
Building limit			Contents limit		
Business income limit		Other limit			
Ordinance or law (coverage A	included) Yes No				
Coverage B limit		Coverage C limit			
Number of units		Mercantile square feet			
Number of pools			Indoor parking square feet		
Non residential occupancy 1					
Non residential occupancy 2					
Non residential occupancy 3					

Additional Interest				
Mortgagee				
Addt'l named insured				
Addt'l interest type				
Mortgagee				
Addt'l named insured				
Addt'l interest type				

Forms Attached					
Habitational application	Yes	No			
Apartment supplemental application	Yes	No			
Condominium supplemental application	Yes	No			
Statement of values	Yes	No			
Lead supplemental application	Yes	No			
Plot plan	Yes	No			
Loss runs	Yes	No			
Pictures	Yes	No			

Signature(s) – owner, insured, applicant

The signature below constitutes acknowledgment of information provided on this supplemental application and any other application or forms that may have been included as part of the application for insurance. This may include but is not limited to various Acord forms, a statement of values, a schedule of locations and/or a lead supplemental application.

Name	Name	
Signature	Signature	
Date	Date	

Any person who knowingly and with the intent to defraud any insurance company or another 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 the person to criminal and [NY: Substantial] civil penalties, (not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, Insurance benefits may also be denied).

Please send submissions to apps@core-programs.com