

**2006 – HABITATIONAL APPLICATION**

NAME INSURED: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CORPORATION \_\_\_ PARTNERSHIP \_\_\_ JOINT VENTURE/PARTNERSHIP \_\_\_ TRUST \_\_\_ OTHER \_\_\_

LOCATION (s): Please Complete Attached Schedule

EFFECTIVE DATE: \_\_\_\_\_ NEW \_\_\_ RENEWAL \_\_\_

**COVERAGES DESIRED (please check):**

|  |
|--|
| PROPERTY ___ BOILER & MACHINERY ___ LIABILITY ___ UMBRELLA ___ |
|--|

**UNDERWRITING DATA**

| <u>PROPERTY</u>   | <u>LIABILITY</u>                                    |
|---|---|
| Building value by construction @100% replacement cost<br><u>Construction:</u>                           | Number of Units: _____<br>Commercial Sq. Ft.: _____ |
| Frame                    \$ _____    rents \$ _____   |   |
| Jointed Masonry        \$ _____    rents \$ _____   | Swimming Pools            Y ___    N ___            |
| Fire Resistive            \$ _____    rents \$ _____  | If Yes, Lifeguards            Y ___    N ___        |
| TOTAL                    \$ _____    rents \$ _____   |   |
| # of buildings: _____   | <b><u>Security:</u></b>                             |
| Year built: _____   | Doorman                    Y ___    N ___           |
| Year rehab: _____   | Buzzer                      Y ___    N ___          |
| Distance between structures: _____  | Intercom                    Y ___    N ___          |
| Protection class: _____   | Parking Lot                Y ___    N ___           |
| <b>Protection:</b> Sprinklered    Y ___    N ___  | Smoke Detectors            Y ___    N ___           |
| Central Alarm    Y ___    N ___   | Hard Wire                    Y ___    N ___         |
| <b>% Occupancy:</b> _____   | Battery                      Y ___    N ___         |
| *Miscellaneous annual income or rents i.e., cell towers, billboards    Y ___    N ___    rents \$ _____ |   |

Mortgagee (s): \_\_\_\_\_

\_\_\_\_\_

**Deductible Desire:** \_\_\_ \$2,500 \_\_\_ \$5,000 \_\_\_ \$10,000 \_\_\_ Other

**Note:** \$25,000 deductible applies to perils of flood and earthquake.

**LOSS SUMMARY**

| <b>GL CLAIMS:</b>       |                 |             |               |                       |
|-------------------------|-----------------|-------------|---------------|-----------------------|
| <b>Year</b>             | <b># Claims</b> | <b>Open</b> | <b>Closed</b> | <b>Total Incurred</b> |
| 2005-2006               |                 | \$          | \$            | \$                    |
| 2004-2005               |                 | \$          | \$            | \$                    |
| 2003-2004               |                 | \$          | \$            | \$                    |
| 2002-2003               |                 | \$          | \$            | \$                    |
| 2001-2002               |                 | \$          | \$            | \$                    |
| <b>Totals</b>           |                 | \$          | \$            | \$                    |
| <b>PROPERTY CLAIMS:</b> |                 |             |               |                       |
| <b>Year</b>             | <b># Claims</b> | <b>Open</b> | <b>Closed</b> | <b>Total Incurred</b> |
| 2005-2006               |                 | \$          | \$            | \$                    |
| 2004-2005               |                 | \$          | \$            | \$                    |
| 2003-2004               |                 | \$          | \$            | \$                    |
| 2002-2003               |                 | \$          | \$            | \$                    |
| 2001-2002               |                 | \$          | \$            | \$                    |
| <b>Totals</b>           |                 | \$          | \$            | \$                    |

Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Expiring Carrier Information: \_\_\_\_\_

Target Premium: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Umbrella Information: PPT's: \_\_\_\_\_ COMM'L: \_\_\_\_\_

Fire protection for buildings excess (5) stories: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



| Loc # | Building Value | Contents Value | Annual Rents or Fees | TIV | Commercial Sq. Footage | Commercial Occupancy | Sprinklers | Smoke Detector H. W. / Battery |
|-------|----------------|----------------|----------------------|-----|------------------------|----------------------|------------|--------------------------------|
|       |                |                |                      |     |                        |                      |            |                                |
|       |                |                |                      |     |                        |                      |            |                                |
|       |                |                |                      |     |                        |                      |            |                                |
|       |                |                |                      |     |                        |                      |            |                                |
|       |                |                |                      |     |                        |                      |            |                                |
|       |                |                |                      |     |                        |                      |            |                                |
|       |                |                |                      |     |                        |                      |            |                                |
|       |                |                |                      |     |                        |                      |            |                                |
|       |                |                |                      |     |                        |                      |            |                                |
|       |                |                |                      |     |                        |                      |            |                                |
|       |                |                |                      |     |                        |                      |            |                                |
|       |                |                |                      |     |                        |                      |            |                                |
|       |                |                |                      |     |                        |                      |            |                                |
|       |                |                |                      |     |                        |                      |            |                                |
|       | <b>TOTAL</b>   |                |                      |     |                        |                      |            |                                |