



United States Liability Insurance Group Condominium / Renters

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Applicant's Name: _____

Mailing Address: _____ City: _____ State: _____

(must include complete address including nine-digit zip code) ZIP: _____ County: _____

Contact's Phone Number: _____ Policy Term: One Year From _____ To _____

The principal residence premises covered is located at the address shown above, unless otherwise stated here: (must include full description of the property i.e., number, street, municipality, state and nine-digit zip code).

Address: _____ City: _____ State: _____

ZIP: _____ County: _____

Section I Limits: Property

Coverage A Dwelling \$ _____

Coverage B Other Structures \$ _____

Coverage C Personal Property \$ _____

Coverage D Loss of Uses \$ _____

Loss Assessment (\$1,000 is included) \$ _____

Section II Limits: Liability

Coverage E Personal Liability \$ _____

Coverage F Medical Payments \$ _____

Protection Class: _____

Territory: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does the insured own and occupy the condominium? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the insured own and rent the condominium to others? (If Yes, HO 17 33 applies) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is this location rented to others on a weekly or seasonal basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is this location vacant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is coverage being provided for a nonowner occupant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have there been any losses in the last 5 years? (Please complete loss history section below.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the residence located within 1/2 mile of coastal waters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the residence located within 5 miles of coastal waters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Date of construction of building: _____ (Please complete if applicant is a condominium unit owner-if built over 25 years ago, please provide the year of the updates)
Date of updates: Wiring _____ Heating _____ Plumbing _____ Roof _____ | | |
| 10. Is the unit under going renovation or reconstruction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is there a business of any kind being conducted on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please explain: _____ Store front? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 12. Type of heat: (Primary and Secondary) _____ | | |
| 13. Are there any fireplace inserts, wood burning or coal stoves or free standing fireplaces? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does the applicant have any animals or exotic pets? If Yes, please state kind _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Central station alarms: <input type="checkbox"/> Burglar <input type="checkbox"/> Fire <input type="checkbox"/> Both <input type="checkbox"/> None | | |

Loss History	Date	Type	Description	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Insured	Interest (circle one)	Name	Address
Mortgagee/Additional Insured	_____	_____	_____
Mortgagee/Additional Insured	_____	_____	_____

Applicant's Signature: _____ Date _____

Producer's Signature: _____ Date _____

FRAUD STATEMENT: 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.

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

Mail Completed Application

Through Local Agent or Broker to: