

# AGOSTINI

## WHOLESALE INSURANCE

(800) 922-7283 WWW.AGOSTINISURPLUS.COM

### RESIDENTIAL CONDO INVESTORS APPLICATION

#### I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: \_\_\_\_\_

Schedule of Locations/Units to be covered

Street Address	Unit/Apt. #	City	State	Zip Code	Annual or Seasonal

Description of Operations:

- Are any units used as the applicant's primary residence?  Yes  No  
Are any units rented to students?  Yes  No  
Are any units located in buildings greater than 3 stories?  Yes  No

#### Liability Section

Limit:  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000

Does the applicant utilize a Real Estate Property Manager?  Yes  No

#### Property Section (must be included for each Unit if Property coverage is desired)

Is any individual unit a part of or located within a Co-Operative?  Yes  No

Construction:  Frame  Joisted Masonry  Non-Combustible  Masonry Non-Combustible  
 Modified Fire-Resistive  Fire-Resistive  Other \_\_\_\_\_

Protection Class: \_\_\_\_\_

Requested Cause of Loss:  Basic  Special

Requested Valuation:  Replacement Cost  Actual Cash Value

Deductible:  \$1,000  \$2,500  \$5,000

Coinsurance:  80%  90%  100%

Improvements & Betterments Limit \$ \_\_\_\_\_

Business Personal Property Limit \$ \_\_\_\_\_

Business Income with Extra Expense Limit \$ \_\_\_\_\_

Coinsurance per above OR Monthly Limit of Indemnity:  1/3  1/4  1/6

Miscellaneous Property Limit \$ \_\_\_\_\_

Loss Assessment Limit \$ \_\_\_\_\_ (Maximum \$50,000 per unit)

#### Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. LOSS INFORMATION FOR THE PAST 3 YEARS**

<b>Liability Coverages</b>		<input type="checkbox"/> None, or provide detail below.	
<b>Year</b>	<b>Status</b>	<b>Incurred</b>	<b>Description</b>
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
<b>Property Coverages</b>		<input type="checkbox"/> None, or provide detail below.	
<b>Year</b>	<b>Status</b>	<b>Incurred</b>	<b>Description</b>
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

**III. ELIGIBILITY CRITERIA**

1. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers  N/A  True  False
  2. For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring  N/A  True  False
  3. No wood burning stoves, space heaters or temporary heating devices permitted for use  True  False
  4. Functioning and operational smoke detectors in all units and/or occupancies  True  False
  5. No bankruptcies, tax or credit liens against the applicant in the last 5 years  True  False
  6. No student renters at any location (not applicable in D.C.)  True  False
  7. No subsidized residents at any location (Not Applicable in CA, CT, DC, ME, MA, NJ, OR, UT, VT, WI)  True  False
  8. Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri)  True  False
- If False, advise reason \_\_\_\_\_

**General Liability**

1. Applicant re-keys or will re-key all locks prior to leasing to new tenants (not applicable if rented on season/time-share basis)  N/A  True  False
2. Any building over 3 stories is equipped with a fully enclosed fire protected stairwell or a functioning fire escape  N/A  True  False

**Property**

1. All risk with seasonal exposures must be secured and locked and the heating/cooling systems maintained at minimum comfort level when occupied  N/A  True  False
2. Functioning and operational fire extinguishers located in all units  True  False

**IV. ADDITIONAL APPLICANT INFORMATION**

What year did the applicant purchase these properties? \_\_\_\_\_

Form of Business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection Contact Name: \_\_\_\_\_ Telephone/Email Address: \_\_\_\_\_

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

**Colorado Fraud Statement:** 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 claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

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

**Kentucky Fraud Statement:** 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.

**Maine and Washington Fraud Statement:** 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 a denial of insurance benefits.

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

**New York 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.

**Ohio Fraud Statement:** Any person who, with 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.

**Oklahoma Fraud Statement: 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.

**Pennsylvania 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 subjects such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** 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.

**Fraud Statement (All Other States):** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: \_\_\_\_\_ License #: \_\_\_\_\_

Main Agency Phone Number: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_