

Residential Condominium Building

Program Insurance Application

BROKERING AGENT'S REGISTER NUMBER # _____

CARRIER: GRANADA INS. CO.		UNDERWRITER:		DATE:	
PRODUCER:			DATE BOUND:		TIME BOUND:
ADDRESS:			POLICY NUMBER:		
			EFF DATE:		EXP DATE:
PHONE:			PREMIUM:		POLICY FEE: \$25.00
PRODUCER CODE:		PRODUCER ID:		TOTAL PREMIUM:	

APPLICANT INFORMATION

NAMED INSURED:					
MAILING ADDRESS:					
CITY:		COUNTY:		STATE:	ZIP:
OWNER ASSOC. <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	LLC <input type="checkbox"/>	ESTATE OR TRUST <input type="checkbox"/>		
INSPECTION CONTACT:			PHONE:		
<input type="checkbox"/> APARTMENTS		<input type="checkbox"/> CONDOMINIUM			

LOC# _____ **BUILDING#** _____

STREET:		CITY:	COUNTY:	STATE: FL	ZIP:
Exposure	Limit	Coins %	Valuation	Deductible	
Building	\$		<input type="checkbox"/> ACV <input type="checkbox"/> RC	\$ _____ AOP	<input type="checkbox"/> Each Hurricane <input type="checkbox"/> Calendar Year <input type="checkbox"/> Wind Excluded
Business Personal Property	\$		<input type="checkbox"/> ACV <input type="checkbox"/> RC	\$ _____ AOP	<input type="checkbox"/> Each Hurricane <input type="checkbox"/> Calendar Year <input type="checkbox"/> Wind Excluded
Loss of rents	\$	None	Limit of Indemnity <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6		
		<input type="checkbox"/> Fire Resistive <input type="checkbox"/> Masonry Non Comb. <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Frame			
		Minimum distance between structures: _____ Feet			
		Number of units: _____			

	Yes	No	Distance to responding fire station:	Distance to fire hydrant:
Sprinklered			Construction:	Protection Class:
Fire Alarm			Year Built:	Square Footage:
Smoke Alarms			No. Stories:	No. of apts:
Battery operated smoke detectors			Distance to body of water:	
Hard wire smoke detectors			Building updates (include year):	
		Wiring?	<input type="text"/>	Plumbing? <input type="text"/>
		Heating?	<input type="text"/>	Roof? <input type="text"/>

CAUSES OF LOSS - Building		
<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special
CAUSES OF LOSS - Business personal property		
<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special Including Theft
<input type="checkbox"/> Special Excluding Theft		

MORTGAGE / LOSS PAYEE	
Interest	Name and Address:
<input type="checkbox"/> Loss Payee	
<input type="checkbox"/> Mortgagee	

LOC# _____ BUILDING# _____

STREET:		CITY:		COUNTY:		STATE: FL		ZIP:	
Exposure	Limit	Coins %	Valuation	Deductible					
Building	\$		<input type="checkbox"/> ACV <input type="checkbox"/> RC	\$_____ AOP	____% Hurricane	<input type="checkbox"/> Each Hurricane <input type="checkbox"/> Calendar Year <input type="checkbox"/> Wind Excluded			
Business Personal Property	\$		<input type="checkbox"/> ACV <input type="checkbox"/> RC	\$_____ AOP	____% Hurricane	<input type="checkbox"/> Each Hurricane <input type="checkbox"/> Calendar Year <input type="checkbox"/> Wind Excluded			
Loss of rents	\$	None	Limit of Indemnity		<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/6		
		<input type="checkbox"/> Fire Resistive		<input type="checkbox"/> Masonry Non Comb.		<input type="checkbox"/> Joisted Masonry		<input type="checkbox"/> Frame	
		Minimum distance between structures:				Feet			
		Number of units:							

	Yes	No	Distance to responding fire station:	Distance to fire hydrant:
Sprinklered			Construction:	Protection Class:
Fire Alarm			Year Built:	Square Footage:
Smoke Alarms			No. Stories:	No. of apts:
Battery operated smoke detectors			Distance to body of water:	
Hard wire smoke detectors			Building updates (include year):	
			Wiring? <input type="text"/>	Plumbing? <input type="text"/>
			Heating? <input type="text"/>	Roof? <input type="text"/>

CAUSES OF LOSS - Building

Basic Broad Special

CAUSES OF LOSS - Business personal property

Basic Broad
 Special Excluding Theft Special Including Theft

MORTGAGE / LOSS PAYEE	
Interest	Name and Address:
<input type="checkbox"/> Loss Payee	
<input type="checkbox"/> Mortgagee	

Note: If additional locations, please complete additional application.

PREMISES INFORMATION

	Yes	No
1) Is there an elevator?		
2) Swimming pool?		
3) Life safety equipment available at pool site?		
4) Diving boards?		
5) Slides?		
6) Is the pool completely surrounded by a building, wall, or fence?		
7) Are gates or door openings into the pool area equipped with a self-closing and self-latching device?		
8) Are the depth markings clearly shown?		
9) Are warning signs and rules posted and clearly visible?		
10) Is the pool maintained by applicant?		
11) Is the pool maintained by outside contractor?		
12) Is On/Off switch to pump clearly and conspicuously labeled and location of pump clearly identified?		
13) Proper suction drain covers installed?		
14) Boat docks or slips?		
15) Lake?		
16) Playgrounds?		
17) Saunas/hot tubs?		
18) Sports courts (tennis, basketball, volleyball, etc.)?		
19) Security guards?		
20) Are you aware of any conditions, circumstances, defects, or suspected defects which may result in a claim(s) against you?		
If yes, give details:		

COMMERCIAL GENERAL LIABILITY - OCCURRENCE FORM

CGL Property Damage Deductible \$500

COVERAGE	LIMITS	
General Aggregate	\$	
Products and Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	
Each Occurrence	\$	
Damage to Premises Rented to You	\$	← MAX LIMIT AVAILABLE \$50,000
Medical Expense (any one person)	\$	← MAX LIMIT AVAILABLE \$1,000/10,000

SCHEDULE

Classification	Class Code	Premium Basis Units
Condominiums - Residential (Lessor's Risk Only)	62003	#
Swimming Pools	48925	#

PRIOR CARRIER INFORMATION

Category	Years:	Years:	Years:	Years:
Carrier				
Policy Number				
Limits				
Total Premium				

LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior 3 years

Check here if none

Date of Occurrence	Type of Occurrence	Amount Paid	Claims Open
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any policy or coverage declined, cancelled, or non-renewed during the prior 3 years? If yes, explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL COMMENTS:

Personal information about you may be collected from persons other than you. Such information as well as other personal privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

The agent has no authority to Bind coverage on behalf of Granada Insurance Company. The Agent has no right to MAKE, ALTER, MODIFY, or DISCHARGE any CONTRACT or POLICY issued on the basis of this application

The undersigned agree if the down payment or full payment check is returned by the bank because of nonsufficient funds, coverage will be null and void from inception.

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.

This application is in compliance with Florida Statute 626.752 A copy has been furnished to the applicant or insured and coverage is
 Bound effective _____(Time) _____(Date) Not Bound
 I understand this application is not a binder unless indicated as such on this form by the Brokering Agent.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____