



Condominium Unit Owner & Tenants Product Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

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

Applicant's name: _____

Location address: _____ Same as mailing address

City: _____ State: _____ Zip: _____

Unit/Apt. #: _____ Protection class: _____

Occupancy Owner occupied Renter/Tenant Leased to others Short term rental Vacant

Coverage A Dwelling	Coverage C Personal Property	Coverage D Loss of Use	Coverage E Personal Liability	Coverage F Medical Payments

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

Replacement cost on contents: Yes No

Loss assessment coverage: (\$50,000 maximum) \$ _____

Mortgagee/Additional insured
 Name: _____
 Address: _____

II. ADDITIONAL PROPERTY INFORMATION

Year of construction: _____ If the building is greater than 25 years old, please provide year of systems updates for:

Electrical _____ Heating _____ Plumbing _____ Roof _____

Have there been any claims or losses in the past five years regardless of type or amount? Yes No

Loss History

Date	Type	Description	Amount

III. ELIGIBILITY CRITERIA

- Does the applicant or any member of the applicant's household currently have any active policies with United States Liability Insurance Company, Mount Vernon Fire Insurance Company or U.S. Underwriters Insurance Company? Yes No
- Has the applicant or any member of the household been employed as any of the following: Professional athlete, entertainer, media personality, reporter, author, journalist, coach in the NBA, NFL, MLB, NHL or in college division I football or basketball, owner of a professional sports team, CEO of a publicly traded company or director or producer with major television or motion picture credits? Is any individual an elected or appointed public official at the state or federal level or a generally recognizable public figure? Yes No
- Has the applicant, or any member of the applicant's household, been convicted of a felony within the past 10 years? Yes No
- Is there a business exposure of any kind, including day care, on the premises? Yes No
- Any government subsidized residents? Yes No
- Any exotic pets, farm or saddle animals at this location? Yes No
- Is this a farm or ranch exposure? Yes No

8. Is this location rented to others on a weekly or seasonal basis? Yes No
 If "Yes," is this unit made available for rent on a nightly basis? Yes No
9. Is the unit undergoing renovation or reconstruction? Yes No
10. Does the unit have central heat? Yes No
11. Are there any fireplace inserts, wood burning or coal stoves, space heaters or free standing fireplaces at this location? Yes No
12. Is this unit rented to college students? Yes No
13. Are there any roomers or boarders at this location? Yes No
14. Is this unit adjacent to a vacant building? Yes No
15. Is an additional insured endorsement required for this risk? Yes No
 If "Yes," is the additional insured an individual, trust, estate or other non-commercial entity in which there is a vested interest in one of the exposures included in the policy? Yes No
16. Is the minimum earned premium endorsement required for this risk? Yes No
17. Are secondary or seasonal units properly secured, and do they maintain the utilities or temperature controls to at least the minimum level while the unit is unoccupied? Yes No
18. Does the unit have functional smoke detectors on all levels? Yes No
19. Is all electrical service connected to circuit breakers with at least 100 amp service? Yes No
20. If the unit is leased to others, are the locks changed with new tenants? Yes No

IV. ADDITIONAL APPLICANT INFORMATION

What year did the applicant purchase these properties? _____

Applicant's mailing address: _____ (if different than the location address above)
 City: _____ State: _____ Zip: _____

E-mail address of primary contact: _____ Phone: _____

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: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

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: _____