



CONDOMINIUM/APARTMENT BUSINESSOWNERS APPLICATION

<input type="checkbox"/> New Business	<input type="checkbox"/> Quote	Quote Number:	Date:
<input type="checkbox"/> Endorse/Change	<input type="checkbox"/> Submit for Approval		
<input type="checkbox"/> Mid Century Insurance Company <input type="checkbox"/> Truck Insurance Exchange <input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> F.A.C.T.		Policy Number:	
		Prematic / EasyPay Number:	
Effective Date:	Renewal Date:	Agent Number	

Applicant Information

Applicant Name:			Account Number (FEIN / SSN):		
DBA			<input type="checkbox"/> 8641 (Condominium) <input type="checkbox"/> 6513 (Apartment) <input type="checkbox"/> 6514 (Dwelling)		
Mailing Address:			<input type="checkbox"/> Primary Package <input type="checkbox"/> Premier Package	Will Vehicle Coverage be included on this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Garage Keepers Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Hired / Borrowed Car ? <input type="checkbox"/> Yes <input type="checkbox"/> No Employers Non-Ownership Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Employees? _____	
City:	State:	Zip:			
Phone Number:	E-mail:				
Website: www.					

Business Entity: Individual Partnership Corporation Other (Describe):

Location 001 Information (If different than above)

Address:			County (TX only)		
City:	State:	Zip:	Building Limit: \$		
Original Year Built:	Protection Class:	Territory:	Contents Limit: \$		
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Fire Resistive	Roof Type <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Composition <input type="checkbox"/> Other	Deductible			
		<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000			
		Liability Limit <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000			
		Wind and Hail Deductible (where applicable) <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 100% (Exclude Wind/Hail)			
			Functional Building Value: <input type="checkbox"/> Yes <input type="checkbox"/> No		
% of units rented	# of swimming pools / spas	# of buildings at location	# of units at location	# of floors	sprinklered <input type="checkbox"/> Yes <input type="checkbox"/> No

If Unit Owners Coverage is Desired Select one of the Following Options

Per Unit (limit per unit) (indicate limit and select deductible below)	\$	Blanket (value for all units) (indicate limit and select deductible below)	\$
Per Unit Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000		Blanket Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	
Included (value for all units)	\$	Do you want to exclude Floor, Wall & Ceiling Coverage (E6323) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Building Cost Estimator

	Habitational	Club House	Detached Carport/ Garage	Other		Habitational	Club House	Detached Carport/ Garage	Other
Number of Buildings					Building Shape – Square, Rectangle, Irregular				
Ground Area – Square Footage					Floor to Floor or Eave Height				
Number of Floors (except basement)					Number of Fireplaces				
Basement					Number of Elevators				
Average Depth per level - Feet					Number of Elevator Doors				
Number of Basement levels					Outside Pools				
Crawl Space					Parking				
Grade Slab					· Subterranean – Square Footage				
Quality					· Ground Level – Square Footage				

For additional locations submit separate Quick Cost Estimator.

Package Coverages with Optional Higher Limits Available

Coverage	Optional Higher Limits	Coverage	Optional Higher Limits		
Outdoor Signs		Directors and Officers Liability			
Accounts Receivable		Retroactive date			
Valuable Papers		Limit			
Building Ordinance Coverage B		Retention			
Building Ordinance Coverage C		Number of Directors and Officers			
Employee Dishonesty Deductible		Discrimination Deductible			
Number of Employees		Hired Auto			
Fire / Tenants Liability		Non-Owned Auto Liability			
Money and Securities		Earthquake – <i>Sprinkler leakage</i>			
Computer Coverage – Hardware		Earthquake – <i>Building Limit</i> (*see manual page)			
Computer Coverage – Media and Records		- Zone			
Specified Property		- Building Class			
Business Income (Rent) and Extra Expense (Apartment) <i>Primary Includes \$50,000, Premier Includes \$100,000 if Building Value < \$10 Million</i>		- Contents			
Association Fees and Extra Expense (Condominium)		- Deductible Factors			
Outdoor Property – Trees, Shrubs and Plants (Premier Only)		- Underlying Exposure %			
Glass Deductible Buyback		- Rating Conditions			
Employee Benefits Liability		- Other than Firm Ground			
Back Up of Sewer and Drain		- Intermediate Hazards			
Mine Subsidence (IL, IN, OH)		- Roof Tank on Building			
Does Mortgagee Pay Premium? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgagee	Loss Payee	Additional Insured		
Name, Address and Loan Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name, Address and Loan Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name, Address and Loan Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Prior Loss History</i>					
Policy Period	Carrier	Premium	Type of Loss	Number of Claims	Amount Paid / Reserved
Past 12 Months					
13-24 Months					
25-36 Months					
Loss History Remarks (Please detail any loss in the past 3 years) (Hard Copy Requested)					

THE FOLLOWING QUESTIONS APPLY TO ALL LOCATIONS. Does this risk meet ALL of the Business Guide Requirements for the following areas of concern? (Please explain in the remarks section ANY AND ALL items that do not comply with the listed requirements.					
1.	During the past three years, has any coverage been canceled, non-renewed, declined or placed with a surplus lines carrier?				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is the property managed by a professional property management company?				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has the agent inspected the properties at all locations?				<input type="checkbox"/> Yes <input type="checkbox"/> No
3a.	Number of photos to be reimbursed?				
4.	Contact Name:		Phone Number:		
5.	Are there any locations of business interests owned by the applicant not shown on this application?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Were any buildings converted from other occupancies?				<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is any remodeling, renovation or construction in progress or planned?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:					
Condominiums:		Date Association Formed:		Annual Association Fees:	\$
Apartments:		Date Location was Acquired?		Annual Rents:	\$
Maximum Number of Units per Fire Division:			Building Cost Estimator Value		\$
Renovation Year:		Wiring:	Roof:	Plumbing:	Heating/AC:
Remarks:					
Property / Crime Requirements					
8.	Are there any wood burning stoves in the units or common areas?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are there smoke alarm/heat detectors in each unit and hallways?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9a.	If Yes, are they hardwired?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9b.	If battery powered, is there a method for promoting regular replacement of batteries in individual units?				<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are there fire extinguishers on each floor?				<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are the Garbage Chutes sprinkled and key locked?				<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Are there any restaurants or other businesses on the premises?				<input type="checkbox"/> Yes <input type="checkbox"/> No
12a.	If Yes, what % of total square footage do the businesses represent?				%
13.	Has any building experienced water damage such as leaking plumbing systems, roof leaks, or water backup of drainage system in the past 3 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Do you have any knowledge of any fungus, wet or dry rot forming on any part of the interior or exterior of any building?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:					
Liability Requirements					
15.	Are all Common areas, parking lots and sidewalks in good repair and well lit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Are all stairways and aisle ways well lit with emergency lighting systems and lighted signs in place?				<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Are there dead bolt locks installed in all exterior doors?				<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Is there a procedure followed to change locks when a tenant moves out?				<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Is there a childcare operation on premises?				<input type="checkbox"/> Yes <input type="checkbox"/> No
19a.	If Yes, do they meet guidelines?				<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Is there a marina, golf course, pond or lake on the premises?				<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Is there a history of crimes against persons or property on premises?				<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Are security bars on the windows quick release?			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Do the swimming pool and spa meet all requirements?			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Does the playground area(s) meet all requirements?			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Are the openings in staircase and/or balcony railings spaced 4 inches or closer?			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Is there a hold harmless agreement in place naming the owner of the complex and/or the HOA as an additional insured if any services for the complex are contracted out (i.e. gardening, snow-removal etc)?			<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:					
Earthquake (if covered)					
27a.	No signs of pre-existing damage.				<input type="checkbox"/> Yes <input type="checkbox"/> No
27b.	No hillside exposure.				<input type="checkbox"/> Yes <input type="checkbox"/> No
27c.	No soft first floor (No above ground parking under all or part of the structure) or other design feature, which would contribute to collapse.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:					

Directors and Officers Requirements

28.	Are there any prior “decline, cancellation, non-renew or underwriting actions” on any director or officer insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Are there any pending claims against the association and any person in his/her capacity as a director, officer, employee, volunteer, trustee or board member or any member of any association committee or executive of the association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Are there any legal actions filed by or on behalf of the association on this application against any member of the association or any third party to include the developer and or contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Does the Association shown on this application know of any instance of construction defects, faulty design, and earth movement and/or soil subsidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Is the undersigned or any individual proposed for this insurance, aware of any fact or circumstance, or situation involving this organization, its affiliates or its subsidiaries which may result in future claim, that could fall within the scope of the proposed insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:

Please provide the following

Distance from coastline: Miles (AL, TX and VA only)

A.	Must be at least ½ mile from nearest ocean, bay or gulf.	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Risk is not on an island or key.	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	VA, Risk not located in Accomack, Landcaster, Northampton or York Counties.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:

Cross Marketing Opportunities

Are there Companion “Farmers” policies on this account?	Policy Number	Expiration Date
Workers Compensation		
Commercial Umbrella		
Employment Practices Liability		
Business Life		

Notice of Insurance Information Practices

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. 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 instructions on how to submit a request to us.

Any person knowingly and with the intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties. *Not applicable in Nebraska or Virginia.*

Virginia – it is a crime to provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE OF RESPONSIBILITY FOR ADEQUATE COVERAGES AND LIMITS

Note: The above are only estimated minimum values based upon the information provided to us by you and third parties. You are responsible for determining the appropriate Building and/or Business Personal Property cover ages and limits. Please also note that the estimates in this application do not replace or supersede any term or condition of your policy as issued. They also do not replace the use of any other estimating methods or any current professional appraisals that are required by policy terms or conditions.

Applicant’s Signature:	Date:	Producer’s Signature:	Date:
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