



# condominium property survey

To help us determine the proper valuation for your condominium and understand your needs, please provide us with as much information as possible.

## contact information

### insured 1

name \_\_\_\_\_  
mail address \_\_\_\_\_  
city \_\_\_\_\_  
state \_\_\_\_\_ zip \_\_\_\_\_  
date of birth \_\_\_\_\_  
social security number\* \_\_\_\_\_  
\*Used to verify your insurance score, which may determine eligibility with some insurance carriers.  
home phone \_\_\_\_\_  
daytime phone \_\_\_\_\_  
email \_\_\_\_\_  
occupation \_\_\_\_\_

### insured 2

name \_\_\_\_\_  
mail address \_\_\_\_\_  
city \_\_\_\_\_  
state \_\_\_\_\_ zip \_\_\_\_\_  
date of birth \_\_\_\_\_  
social security number\* \_\_\_\_\_  
home phone \_\_\_\_\_  
daytime phone \_\_\_\_\_  
email \_\_\_\_\_  
occupation \_\_\_\_\_

## property information

address \_\_\_\_\_  
city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

name of condominium association \_\_\_\_\_

name assoc. master policy insurance company \_\_\_\_\_ master policy deductible \$ \_\_\_\_\_

do condo bylaws require you to purchase your own coverage for condo interior walls/fixtures/finishes?  yes  no

dwelling coverage limit \$ \_\_\_\_\_ replacement cost value of personal property \$ \_\_\_\_\_

*NOTE: Review the insurance section of the association bylaws to determine your personal insurance needs under this policy.*

primary residence  yes  no is property rented  yes  no

is property for sale  yes  no is property vacant  yes  no

mortgage lender information \_\_\_\_\_

year built \_\_\_\_\_ date purchased/purchasing \_\_\_\_\_ number of units in building \_\_\_\_\_

type of building  townhouse condo  duplex condo  free standing unit  multi-unit building

type of construction  frame  masonry  not sure

break in the roof line  yes  no

firewall between the units  yes  no

firewall extend beyond the roof line  yes  no

primary heat source  electric  oil  gas  propane

if oil, tank location  inside above  inside underground  outside above  outside underground

secondary sources of heat in use  wood stove  space heater  parlor heater  gas-on-gas stove

central air conditioning  air same ducts as heat  air separate ducts  evaporative cooler  whole house fan  
 burglar alarm  unmonitored  monitored by central station  
 fire alarm  unmonitored  monitored by central station  
 interior sprinkler system  yes  no smoke detectors  yes  no  
 swimming pool  none  indoor  outdoor above ground  outdoor in ground  
     fenced & locked  yes  no diving board  yes  no  
     fenced  yes  no slide  yes  no

**general information**

fire station  within 5 miles  over 5 miles  
 fire hydrant  within 1,000 feet  over 1,000 feet  
 smokers living in household  yes  no  
 conduct any business on property (incl. daycare)  yes  no  
 any residence employees  yes  no  
 trampoline  yes  no  
 animals  yes  no -- # \_\_\_\_ type(s) \_\_\_\_\_ breed(s) \_\_\_\_\_  
 watercraft or other recreation vehicles owned  yes  no if yes, description \_\_\_\_\_  
 additional residential property owned  yes  no ; if yes,  rental  owner occupied  
 other land owned  yes  no ; any structures on it  yes  no  
 has any applicant had a foreclosure, repossession or bankruptcy in the last 5 years?  yes  no  
 has coverage been declined or non-renewed for any reason in the last 3 years?  yes  no  
 have you reported any claims in the last 5 years?  yes  no

**coverage options information**

policy deductible you want  \$500  \$1,000  \$2,500  
 liability coverage you want  \$500,000  \$1,000,000  
*options for expanded home coverage you want us to quote:*  
 earthquake insurance  yes  no  
 flood insurance  yes  no  
 heating oil leak remediation coverage  yes  no  
 lead poisoning coverage – only applicable for rented properties/units built prior to 1978  yes  no  
 limited fungi, wet or dry rot, or bacteria increased coverage  yes  no  
 personal article floater for high value items (i.e. jewelry, silverware, antiques, art, etc.)  yes  no  
 water backup and sump discharge or overflow coverage  yes  no  
 umbrella liability protection  \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000

*additional insurance protections you want to discuss:*

auto  business insurance  life, disability or long-term care insurance

**comments**

\_\_\_\_\_  
 \_\_\_\_\_  
 named insured signature \_\_\_\_\_ date \_\_\_\_\_