



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 _____