

CONDOPAK RENEWAL APPLICATION

PRODUCER INFORMATION

Agency Name: _____ Phone: _____
 Account Contact: _____ Email: _____

INSURED AND MANAGEMENT INFORMATION

Named Insured: _____ Effective Date: _____
 Location Address: _____
 Total Number of Units: _____ Number of Owner-Occupied Units: _____
Building Update Years: Wiring: _____ Plumbing: _____ Roofing: _____ Heating: _____ Yr. of Last Roof Replacement: _____
 Actual Amount of Business Income: _____ Business Personal Property: _____
 Commercial Tenants? Yes No If yes, please list: _____

RISK MANAGEMENT

Does the insured require insurance for all commercial tenants? Yes No
 Is there any ongoing construction or any construction planned during the policy period? Yes No
 If **yes**, describe: _____
 If **yes**, please also confirm if all required insurance and hold harmless is in place. Yes No
 Is there a roof replacement schedule in place? Yes No
 Are certificates required when contracting for work to be performed on the building? Yes No
 Are hold harmless agreements in place when contractors are hired to perform work? Yes No
 Does the insured require insurance for all owners/tenants? Yes No
 Are sidewalks maintained and in good condition? Yes No
 Are there any curb/tree pit issues on the sidewalk? Yes No
 If **yes**, has the city/county been notified? Yes No
 Do you have security cameras monitoring sidewalks? Yes No If **yes**, how long are videos kept? _____

ADDITIONAL EXPOSURES

Is there an EV charging station(s) located on the insured property? Yes No
 If **yes**, where is the charger(s) located? Garage (inside building) Outdoor Parking Lot
 If outdoor parking lot, what is the distance between the charger(s) and building? _____
 Are E-Bikes permitted in the common areas? Yes No
 Are unit-owners/tenants permitted to store E-Bikes in their unit? Yes No Not Regulated
 If **no**, how is this regulated? _____
 If **yes**, please **sign and return** the attached **E-Bike Safety Flyer** with your renewal application.

CERTIFICATION

I certify that I have reviewed the information contained on this application and that the information is complete and accurate. If there is any reason that the insured does not comply with these terms and conditions, you must notify New Empire Insurance Services/Wholesure immediately. Any changes to the exposure during a policy term must be submitted to New Empire Insurance Services/Wholesure for review. Coverage cannot be bound, altered, or deleted without prior consent from your underwriter.

 Signature

 Date