

CONDOPAK RENEWAL APPLICATION

PRODUCER INFORMATION

Agency Name: _____ Phone: _____

Account Contact: _____ Email: _____

INSURED AND MANAGEMENT INFORMATION

Named Insured: _____ Effective Date: _____

Location Address: _____

Total # of Units: _____ Number Owner-Occupied Units: _____

Updates have been done in the past policy period to: Wiring Plumbing Roofing Heating

Actual Amount of Business Income: _____ Business Personal Property: _____

Commercial Tenants? Yes No If Yes, Please list:

Does the insured require insurance for all commercial tenants? Yes No ****Please forward copies of COI's for all commercial tenants****

RISK MANAGEMENT

Is there any ongoing construction or any construction planned during the policy period? Yes No

If yes, describe: _____

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

ADDITIONAL EXPOSURES

CHARGING STATIONS:

Is there a charging station(s) located on the insured property? Yes No

If yes:

What type of charging station(s)? Electric Car Electric Bike

Where are they located? _____ How many are there? _____

What is the voltage? _____ How often are they serviced? _____

E-Bikes:

Are E-bikes permitted in the common areas? Yes No

Are unit-owners/tenants permitted to store E-bikes in their units? Yes No Not Regulated

OTHER AVAILABLE COVERAGES

Would you like to include Cyber Suite coverage upon renewal? Yes No N/A (already included)

Would you like more information on our RECOVER Site Environmental Program? Yes No

Would you like more information on our Indoor Air Quality Coverage? Yes No

BROKER CERTIFICATION

As broker for the applicant, 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 immediately. Any Changes to the exposure during a policy term must be submitted to New Empire Insurance Services for review. Coverage cannot be bound, altered, or deleted without prior consent from your underwriter.

Agent Signature

Date