

HO6 CONDOMINIUM

EFF DATE: _____ # OF LOSSES IN 3 YEARS (cannot exceed 2): _____

HO6

DATE: _____ PRODUCER: _____

NAME: _____ PHONE: _____

LOCATION: _____

CONSTRUCTION: _____ SQ FT: _____ YR BUILT: _____

DWELLING AMOUNT: \$ _____ PERSONAL PROPERTY: _____
((\$100,000 MAX) (\$150,000 MAX)

LOSS ASSESSMENTS: **\$5000**

PREVIOUS CARRIER: _____ POLICY #: _____ EXP DATE: _____

LOSSES: 1.

DATE: _____ AMOUNT: \$ _____ TYPE: _____

2.

DATE: _____ AMOUNT: \$ _____ TYPE: _____

COVERAGES: (circle desired)

Liability: \$25,000 - \$50,000 - \$100,000 - \$300,000 - \$500,000

Medical: \$1,000 - \$2,000 - \$5,000

DEDUCTIBLE: \$1,000 or \$2,500

OPTIONAL COVERAGE: \$120 WATER BACK-UP AND SUMP DISCHARGE Y / N