

# 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