

SUPPLEMENTAL APPLICATION - REQ'D FOR ALL SUBMISSIONS 01/2008

1. Which description BEST describes the use/exposure of the property?

_____ A. Year round occupancy by Named Insured or Principal/Officer of Corporation

_____ B. Secondary or Seasonal occupancy (No Rental). How many months occupied? _____

If the property is Seasonal/Secondary it is REQUIRED that a Contracted Custodian/Agent/Manager will enter and check the premises AT LEASE ONCE WEEKLY TO BE ELIGIBLE FOR COVERAGE.

Name: _____ Local Phone # _____

_____ C. Year round occupancy by a Tenant with ANNUAL LEASE.

Tenant Name: _____ Res. Phone#: _____

_____ D. Secondary or Seasonal occupancy PLUS RENTAL by a property manager/rental agent.

If the property is Seasonal/Secondary it is REQUIRED that a Contracted Custodian/Agent/Manager will enter and check the premises AT LEASE ONCE WEEKLY TO BE ELIGIBLE FOR COVERAGE.

Name: _____ Local Phone # _____

_____ E. Available year round for rental by property manager/rental agent. Minimum Rental period? _____

_____ F. Property is used as a Builder's Model or Lease Back. For How Long? _____

_____ G. Builders Risk? _____ Renovation? _____ If renovation, partial or complete? _____
Builders Risk Supplement Must Be Completed.

_____ H. Property is Vacant or Unoccupied. Since when? _____ To Be Held For Sale? _____

2. If the Named Insured is a Corporation, LLC, Partnership, a Trust or similar entity, please complete the Supplemental Named Insured / Corporate Questionnaire

3. If the property is located in a Gated Community or has limited access, provide local contact for inspection: Name _____ Phone _____

NOTE: It is agreed that the property will be occupied, etc. as noted above within 7 days of binding coverage unless otherwise advised in writing at time of binding. Properties inspected and found to be unoccupied will be canceled

NOTE: This Supplement must be fully completed, dated, and signed by Named Insured and Producer. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete or misleading information is guilty of a felony of the third degree. Section 817.234.F.S.

Producer's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Print Applicants Name: _____