



Supplemental HO-6 Questionnaire

Insured Name: _____

Policy #: _____

1. Distance to water? _____
2. Elevation from high tide? _____
3. Number of total units? _____
4. Number of total stories? _____
5. What floor is unit on? _____
6. How many units do we currently insure in the facility? _____
7. Is unit rented or owner occupied? _____

Complete the following if Condominium Association requires Additional Insured endorsement.

Condominium Association Name: _____

Address: _____

City, State and Zip: _____

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