

## CONDOMINIUM/TOWNHOUSE INSURANCE APPLICATION

### CLIENT INFORMATION

Name(s):	Home phone:
Billing Address:	Cell:
City, State, Zip:	Work phone:
County:	Fax:
Insured Location Address:	Email (h):
City, State, Zip:	Email (w):
County:	Dates of birth:
Social Security # (h):	Social Security # (w):
Industry/job title (h):	Industry/job title (w):

### CONDOMINIUM INFORMATION

Date built:	Date purchased:	Purchase amount: \$
Home style: Colonial <input type="checkbox"/> Contemporary <input type="checkbox"/> Tudor <input type="checkbox"/> Ranch <input type="checkbox"/> Manufactured <input type="checkbox"/> Row House <input type="checkbox"/> Townhouse <input type="checkbox"/>		
Usage (circle one): primary    secondary rented to others	Full square footage:	# fireplaces: _____
Does the exterior of your home contain "synthetic stucco" (EIFS)? Yes <input type="checkbox"/> No <input type="checkbox"/>		Garage: sq ft: _____ # cars: _____
Special structures: Shed <input type="checkbox"/> (sq ft: _____ construction: _____)    Deck <input type="checkbox"/> (sq ft: _____ construction: _____) Porch <input type="checkbox"/> (sq ft: _____ construction: _____)		
Year of building updates: HVAC _____ Roof _____ Plumbing _____ Electric _____		
Basement? <input type="checkbox"/> Crawlspace? <input type="checkbox"/> Slab Foundation? <input type="checkbox"/> Pilings? <input type="checkbox"/> Stilts? <input type="checkbox"/> Strapping? <input type="checkbox"/> Storm Shutters? <input type="checkbox"/>		
Percent basement finished? _____		
Siding type:	Roof type:	Heat type:
Is home vacant, unoccupied or for sale? Yes <input type="checkbox"/> No <input type="checkbox"/>		# of stories:
Total # of residence employees _____ # living in _____		
Number of full baths: Builder grade _____ Custom _____ Designer _____		
Number of half baths: Builder grade _____ Custom _____ Designer _____		
Number of kitchens: Builder grade _____ Custom _____ Designer _____		

### RATING INFORMATION

The structure of your condominium should be insured through the Association's Master Policy. However, the interior of your unit may not be covered, such as wallboard, cabinets, etc. What "real property" are you responsible for insuring?	\$
Replacement cost of contents: \$	
Hydrant within 1000 feet? Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire station within 5 miles? Yes <input type="checkbox"/> No <input type="checkbox"/>
Swimming pool? Yes <input type="checkbox"/> No <input type="checkbox"/> in ground <input type="checkbox"/> above ground <input type="checkbox"/> child fence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business in your home? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:	
Trampoline? Yes <input type="checkbox"/> No <input type="checkbox"/>	Animal that has bitten or injured on premises? Yes <input type="checkbox"/> No <input type="checkbox"/>

DISCOUNT INFORMATION			
Burglar alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, central off-site monitoring? Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, central off-site monitoring? Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoke detectors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, hard wire connection? Yes <input type="checkbox"/> No <input type="checkbox"/>
Sprinkler system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, central off-site monitoring? Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire extinguisher(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Full time caretaker? Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire escape ladder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Green building? Yes <input type="checkbox"/> No <input type="checkbox"/>
24 hour security/patrol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Temperature monitoring system? Yes <input type="checkbox"/> No <input type="checkbox"/>
Lightning protection system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gas leak detectors? Yes <input type="checkbox"/> No <input type="checkbox"/>
24 hour signal continuity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Back-up power generator? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you part of a homeowners association?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gated community? Yes <input type="checkbox"/> No <input type="checkbox"/>
SPECIAL COVERAGE INFORMATION			
Jewelry	Describe:	Value: \$	
Furs	Describe:	Value: \$	
Guns	Describe:	Value: \$	
Fine arts	Describe:	Value: \$	
Silverware	Describe:	Value: \$	
Cameras	Describe:	Value: \$	
Coin collection	Describe:	Value: \$	
Musical instruments	Describe:	Value: \$	
Wine collection	Describe:	Value: \$	
Sports memorabilia	Describe:	Value: \$	
Other collectibles	Describe:	Value: \$	
Do you have a home safe?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have jewelry in a bank vault?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
SPECIAL PROPERTY INFORMATION			
Timeshare	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
ATV	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Snowmobile	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Jet ski	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Boat/yacht	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Airplane	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Motorcycle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Vacation home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Mobile home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Camper trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Vehicle trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Classic/exotic/street rod/race car	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Car club membership	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Do you participate in "on track" auto events?			

MORTGAGE INFORMATION		
Name/address(es) of mortgage company(ies):		
(1 <sup>st</sup> )	(2 <sup>nd</sup> )	
(2 <sup>nd</sup> )		
Amount \$	Bill payor Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount \$
LOSS INFORMATION		
Any losses in the past five years (whether claimed or not)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please explain, including dates and amounts paid out (if any):		
FLOOD AND EARTHQUAKE INSURANCE OPTION		
Your policy <b>does not</b> automatically include Flood and Earthquake Insurance. Do you wish to receive a quote for Flood and/or Earthquake Insurance?		Yes <input type="checkbox"/> No <input type="checkbox"/>
UMBRELLA INSURANCE OPTION		
Your policy <b>does not</b> automatically include an umbrella. Please select the umbrella level(s) you would like to have quoted for you:		
\$1,000,000	\$2,000,000	\$3,000,000 \$5,000,000 Higher

In connection with this application for insurance, the insurer may review your credit report or obtain or use a credit based insurance score based on the information contained in that report. The insurer may use a third party in connection with the development of your insurance score.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Please return completed form to:

**ANTHONY & COMPANY, INC.**  
 4 Walter E. Foran Boulevard, Suite 105 • Flemington, NJ 08822  
 908-806-8844 p • 908-806-2095 f  
 insure@anthonycompany.com