



Residential Condo Unit Owner



Submit to: **BLISS & GLENNON**
For submission directions, see last page.

RESIDENTIAL CONDO UNIT OWNER WARRANTY APPLICATION

Please complete all sections of this application and have signed by the applicant.

Named Insured: _____

Mailing Address: _____

Inspection Contact: _____

Contact Phone Number: _____

Web Address: _____ E-mail Address: _____

Liability Information

Liability Limit : \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

General Information *Complete for all submissions*

- | | Prohibited | Eligible |
|---|------------------------------|------------------------------|
| 1. Any locations in Alaska or Louisiana? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any units used as the applicant's primary residence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Any student residents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Any building with knob and tube or aluminum wiring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do all buildings have 100% of the wiring on circuit breakers with 100 amp service? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Are smoke detectors in every unit? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. For Units located over 3 stories - is the building equipped with a fully enclosed fire protected stairwell or a functioning fire escape? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 8. Annual Units - Are locks re-keyed prior to leasing to a new tenant? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 9. Are there more than 2 GL losses in the past 3 yrs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

10. Loss information for the past 3 years:

Year	# of Claims	Incurred Amounts	Descriptions
		\$	
		\$	
		\$	

Schedule of Locations

	Street Address	City	State	Zip Code	# of Units	# of Stories	Annual or Seasonal
1							
2							
3							
4							
5							

	<u>Prohibited</u>	<u>Home Office Eligible</u>	<u>WebQuote Eligible</u>	<u>Hit Zone Eligible</u>
11. Total number of owned units	>100	1-100	1-100	1-5
12. Number of stories	>N/A	N/A	N/A	1-3
13. Total number of GL losses in the past 3 years	>2	2	2	0

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The state of New York requires that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker: _____

Address: _____

Applicants Signature: _____ Date: _____

Submit by fax or email to the regional office that serves your primary location:



West

San Francisco, CA
Morgan Hill, CA
Redondo Beach, CA
Santa Clarita, CA
San Diego, CA

Fax: 415-955-1924
Fax: 408-778-6096
Fax: 310-372-1903
Fax: 661-297-7619
Fax: 760-737-7989

quotesSF@bgsurplus.com
quotesMH@bgsurplus.com
quotesRB@bgsurplus.com
quotesRB@bgsurplus.com
quotesSD@bgsurplus.com



Central

Conroe, TX
Dallas, TX

Fax: 800-338-8379
Fax: 800-338-8379

quotes@bgsurplustx.com
quotes@bgsurplustx.com



Midwest

Oakbrook, IL

Fax: 630-645-0501

prestipinof@bgsurplusmw.com



Northeast

Bedford, NH

Fax: 603-222-9017

quotesNH@bgsurplus.com



Southeast

Birmingham, AL
Lake Mary, FL

Fax: 205-323-1818
Fax: 407-833-9194

quotesAL@bgsurplus.com
submissions@bgsurplusse.com

All Regions

Garage Submissions

Fax: 800-338-8379

garagesubs@bgsurplus.com