



Coastal Master Condo Application

Agency: _____ Contact Person: _____ Phone: _____

Email: _____ Effective Date: _____ Insured: _____

Location Address: _____

Owner Secondary Short Term Rental Annual Rental

Bankruptcy/Foreclosure/Repossession within past three years? Yes No

Losses in Past Three Years

Date of Loss: _____ Details of Loss: _____

Amount Paid: _____ Open/Closed: _____

Protection Class: _____ Construction Type: _____ Number of Units: _____

Property Deductibles: \$500 \$1,000 \$2,500 \$5,000

Plumbing Type: _____ Roof Type: _____ Wiring Type: _____ Heating Type: _____

Year Built: _____ Year Updated: Plumbing _____ Roof: _____ Wiring: _____ Heating: _____

Square Feet: _____

Check all that apply:

Lapse >12 months Business on premises Arson or fraud Home daycare

Woodstove/kerosene heater Asbestos/EIFS Aluminum/Knob & Tube

Coverage Limits:

Dwelling: _____ Other Structures: _____ Liability: _____ Med Pay: _____

Water Backup: \$5,000 \$10,000 Extended. Repl. Cost: Yes No Ordinance of Law: Yes No

Central fire/burglar alarms: Yes No Gated Community: Yes No Sprinkler System: Yes No

Swimming Pool or Hot Tub: Yes No

Target Premium: _____

Some coverage options, deductibles or limits requested above may not be available for certain markets of insurance. Terms will be offered based on eligibility of the risk and coverage availability, and are always subject to underwriter review of a full application.