



WIND Supplemental Application

Location Name _____ Building Number _____
Street Address _____
City _____ State _____ Zip _____ County _____

Statement of Values

Building _____
Business Personal Property/Tenants Improvements & Betterments _____
Business Interruption/Loss of Rents/Extra Expense _____

Construction Description

Wood Frame Light Metal Frame Joisted Masonry Non-Combustible
 Masonry Non-Combustible Fire Resistive Modified Fire Resistive

Tenancy Owner-occupied Tenant-occupied Vacant (occupancy rate < 50%)

Nature of Business

Primary Occupancy _____
Secondary Occupancy _____
% Square Footage _____

Additional Building Detail

Number of Stories _____ ISO Protection Class _____
Total Square Footage _____ Roof Age _____
Original Year of Construction _____

Does this building have aluminum wiring (pigtailed or not)? Yes No
Is this government subsidized housing? Yes No
Is the occupant of this building a non-profit organization? Yes No

Roof Shape Flat Hip Gable

Roof Cladding Asphalt Shingles Built-up Steel /Metal Tile/Clay
Wood

Exterior Cladding _____ Combustible Wood EIFS Other
If Combustible Wood, is building within 30 feet of any other building? Yes No

Security

Poor (No alarms present)
 Standard (Local alarms- at a minimum, alarms must be present in areas with valuable contents.)
 Superior (Alarms connected to central station or on-site security, in addition to local alarms.)

Fire Protection

- Poor (No protection exists other than what public entities provide)
- Standard (Battery operated smoke alarms exist in each building or unit)
- Good (Hard wired smoke detectors exist in each building or unit)
- Superior (All of the above exists, including sprinkler protection)

Wind Resistive

Yes No

Check yes only if the building meets ALL of the following conditions:

- Roof is 10 years old or newer.
- Building does not have any roll-up doors.
- Building has impact-resistant storm shutters or windows that withstand winds up to 120 mph.

Additional Property Coverage (Optional- fill out once per location)

Type of APC	Value at Location
Awnings, Canopies, Carports	
Walks, Decks, Bridges	
Paved Surfaces	
Signs, Poles	
Machinery, Equipment	
Other Structures- Enclosed	
Other Structures- Open	
Pool	
Satellite Dishes	

Inspection Contact Details (fill out once per location)

Inspection Contact Name _____

Inspection Contact Phone Number _____

Coverage Options Desired

Mold Cleanup and Removal \$10,000 sub-limit per building None

Ordinance or Law 10% 20% None

Named Storm Deductible _____%

All Other Wind & Hail Deductible _____%

All Other Causes of Loss Deductible (only available on All Risks quotes):

\$500 / \$1,000 / \$2,500 / \$5,000 / \$7,500 / \$10,000 / \$15,000 / \$20,000 / \$25,000 / \$50,000

Prior Claims – Account 5 Year Gross Loss History (Not Required in GA, NJ, & VA)

<u>Type of Loss</u>	<u>Date of Loss</u>	<u>Gross Loss Amount</u>	<u>Repairs Complete</u>
(Y/N)			

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____



SPECIAL EVENTS LIABILITY APPLICATION

**ALL QUESTIONS MUST BE ANSWERED IN FULL AND
APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT**

Applicant Name: _____

Mailing Address: _____

Applicant is Individual Partnership Joint Venture Corporation Other: _____

1. Location of event: _____

2. Date(s) coverage is required: _____

3. Does coverage include set up and take down activities? Yes No

4. # days for set up and take down: _____

5. Limits of liability required: 300/600 500/1000 1000/2000 Other: _____

6. Will contractual liability be required? Yes No

7. Will coverage be required for food products sales? Yes No

8. Additional Insured - provide name(s), mailing address and interest of all additional insured.

Attach a separate page if necessary.

9. Describe the event in detail. Attach brochures, advertising, etc. if any.

