



CONDO/CO-OP/RENTAL APPLICATION

Date: \_\_\_\_\_

- Name (Applicant): \_\_\_\_\_
- If a new purchase – Closing Date \_\_\_\_\_ Realtor Name and # \_\_\_\_\_

**INSURABLE INFORMATION**

- Address: \_\_\_\_\_ County: \_\_\_\_\_
- Applicant is:  Individual  Partnership  Corporation  Limited Liability Company
- Titled Owner(If different from name above): \_\_\_\_\_
- Construction Type (check one):  Frame  Masonry  Reinforced Masonry  Plas-siding
- Structure Type (check one):  Apartment  Condo  Townhouse  Rowhouse  Co-op
- Usage Type (check one):  Primary  Secondary  Seasonal  Farm  COC  Vacant
- Year Built \_\_\_\_\_ Number of Stories \_\_\_\_\_ Square Feet \_\_\_\_\_
- Basement (check one):  None  Slab  Crawl  Partial  Full Finished? \_\_\_\_\_
- Fire Hydrant less than 1000 ft? \_\_\_\_\_ Fire Station less than 5 miles? \_\_\_\_\_
- Any Renovations?

TYPE	PARTIAL -or- COMPLETE	YEAR
WIRING		
PLUMBING		
HEATING		
ROOFING		
FOUNDATION		

- Is there a Central Monitoring for (check all that apply):  Smoke  Temp  Burglar
- Gated Community? \_\_\_\_\_ 24-hr Security Patrol? \_\_\_\_\_ Fire Sprinklers? \_\_\_\_\_ Gas Cut-Off? \_\_\_\_\_
- Is there a: 24-hr Doorman? \_\_\_\_\_ 24-hr Video Surveillance? \_\_\_\_\_ Manager on Premises? \_\_\_\_\_
- Any In-House employees? \_\_\_\_\_ If yes, how many work Inside? \_\_\_\_\_ Work Outside? \_\_\_\_\_  
# of Hours per week \_\_\_\_\_ Current WC Insurance? \_\_\_\_\_
- Mortgagee/Additional Insured: \_\_\_\_\_

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18. Loss History (date, describe):

\_\_\_\_\_  
\_\_\_\_\_

19. Prior Insurance Company: \_\_\_\_\_

20. Prior Policy Term: \_\_\_\_\_

**COVERAGES/LIMITS OF LIABILITY (enter amounts):**

ALL PERIL deductible: \_\_\_\_\_

	Not Applicable			
Additions & Alterations	*OTHER STRUCTURES	PERSONAL PROPERTY	LIABILITY	MEDPAY

21. Earthquake coverage requested? \_\_\_\_\_ If yes, deductible amount: \_\_\_\_\_

22. Flood coverage requested? \_\_\_\_\_ If yes, deductible amount: \_\_\_\_\_

Date: \_\_\_\_\_

Tel #: \_\_\_\_\_

Signed: \_\_\_\_\_

Fax #: \_\_\_\_\_

Print Name: \_\_\_\_\_

SSN #: \_\_\_\_\_

Title: \_\_\_\_\_

Email \_\_\_\_\_

