



CONDO/CO-OP/RENTAL APPLICATION

Date: _____

1. Name (Applicant): _____
2. If a new purchase – Closing Date _____ Realtor Name and # _____

INSURABLE INFORMATION

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

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

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

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 NEW YORK, NY 10016
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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 _____

