

** Please save and attach this form to an email to info@palanciainsurance.com **

Townhouse Condo Co-op Apartment Form (Check one)

Mr. Ms. Miss, Mrs. Name: _____ Phone: _____

Date of Birth: _____ Social Security #: _____

Highest Education Level: _____ Occupation: If retired what was occupation _hryhry_

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___ Domestic partnership ___

Co-Insured Info-

Mr. Ms. Miss, Mrs. Name: _____ Phone: _____

Date of Birth: _____ Social Security #: _____ Highest Education Level: _____

Occupation: If retired what was occupation _____ Industry: _____

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___ Domestic partnership ___

Property Address: _____

How long at this location? ___ Years ___ Months

Prior Address(es) (if at current less than 4 years): _____

Year Built: _____ Square Footage of your unit: _____ Total number of units in building: _____

Floor your unit is on: _____ Construction Type: Frame? ___ Brick? ___ Masonry? ___

Miles to Fire Station: _____ Feet to Fire Hydrant? _____

Sprinklers in building: _____ Sprinklers in your unit: _____ Heating system: Oil? ___ Gas? ___

If oil, Underground Tank? _____ If not underground where is the tank? _____

Is there Fire Place in your Unit? If yes how many? _____ Single? ___ Double? ___ Triple? ___

Is the building Security Gated and or Doorman? ___ Any Central Alarms for your unit: Fire ___ Burglary ___

Are you responsible for the Roof? _____

Co-op or Condo are you responsible for the "Walls In" or the "Studs-In": _____

Amount of Contents to be insured: (\$25,000 minimum) \$ _____

Amount of Coverage A - Building Coverage needed: _____ Deductible: \$250___ \$500___ \$1000___
\$2,500___ \$5,000___

Any cats or dogs in your home? _____ If so: What breed(s) and any bite history _____

If mix breed dog must know what the mix is _____

Any Scheduled Property? _____

Current Company _____ Expiration Date: _____ How long with current company _____

New purchase - Closing date: _____

Mortgagee: _____

Mortgagee or Insured Billed: _____

Have you had any claims in the last 5 years regardless of location, if so please give us a date, what kind of claim
and pay out if known: _____

Do you conduct business out of your location? Yes ___ No ___

If yes, we need to know the following:

What kind of business: _____

What is the foot traffic approximately per week: _____

Is there a separate entrance for clients: _____

Do you have insurance for the business: _____