

## Residential Condo/Apartment Profile

Named Insured \_\_\_\_\_

Mail Address \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Location (if different) \_\_\_\_\_

Current Insurer \_\_\_\_\_ Expiration Date \_\_\_\_\_

(if any)

Have you been cancelled or non-renewed in the past 3 years? \_\_\_\_\_

**Losses past 5 years:**      **None:** \_\_\_\_\_

Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Type of Loss \_\_\_\_\_

Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Type of Loss \_\_\_\_\_

### Building Info:

Building Age \_\_\_\_\_ # of Stories \_\_\_\_\_ Construction: Wood Frame \_\_\_\_\_ Brick \_\_\_\_\_  
(approx)

# Residential units \_\_\_\_\_ # Owner Occupied \_\_\_\_\_ Section 8/Subsidized \_\_\_\_\_

Sq Ft area bldg. \_\_\_\_\_ # of vacant units \_\_\_\_\_

Commercial Tenant \_\_\_\_\_ Comm. Square Feet \_\_\_\_\_ Business Desc. \_\_\_\_\_

Smoke Det.: Battery \_\_\_\_\_ Hard wired \_\_\_\_\_ CO Det.: Battery \_\_\_\_\_ Hard wired \_\_\_\_\_

Row Building \_\_\_\_\_ Elevator \_\_\_\_\_ CS Fire Alarm \_\_\_\_\_ Sprinkler \_\_\_\_\_ Emer. Lighting \_\_\_\_\_

### Year systems were updated:

Wiring Yr Updated \_\_\_\_\_ # amps per unit \_\_\_\_\_ Circuit Breakers \_\_\_\_\_

Knob and Tube or Aluminum Wiring \_\_\_\_\_

Plumbing Yr Updated \_\_\_\_\_ Polybutylene plumbing (gray type) \_\_\_\_\_

Heating Yr Updated \_\_\_\_\_ Fuel type \_\_\_\_\_

Roof Yr Updated \_\_\_\_\_ Type of roof \_\_\_\_\_

### Limits Requested:

Building Limit \_\_\_\_\_ General Liability Limit \_\_\_\_\_ Dir. & Off. Liab \_\_\_\_\_  
(for condos)

Mail or fax to: Bender Hatch Insurance

31 Milk St, Suite 420

Boston, MA 02109

Phone (617) 367-4900 FAX (617) 451-6661