



CAT PROPERTY SUPPLEMENTAL

General Info			
Property Name: _____			
Occupancy Type: _____		Current Occupancy %: _____	
# of Stories: _____		# of Units: _____	
Construction Type:	<input type="checkbox"/> Frame **If Frame	<input type="checkbox"/> JM <input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Fire Res <input type="checkbox"/> Stucco
	<input type="checkbox"/> MNC <input type="checkbox"/> Hardiplank	<input type="checkbox"/> NC	
Is there any EIFS, Dryvit or similar exterior construction present?		<input type="checkbox"/> Yes* <input type="checkbox"/> No	
		*If Yes, what % of the structure is EIFS? _____	
		*Is it used for decorative or ornamental purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Roof Info – must be complete to secure a quote			
Roof Type: <input type="checkbox"/> Single-Ply Membrane <input type="checkbox"/> Built-up <input type="checkbox"/> Shingles / 55 MPH rated <input type="checkbox"/> Shingles / 110 MPH rated <input type="checkbox"/> Concrete			
<input type="checkbox"/> Tile <input type="checkbox"/> Clay Tiles <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____			
Roof Age (last full replacement date): _____		Roof anchor or hurricane straps present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Roof Geometry: <input type="checkbox"/> Flat* <input type="checkbox"/> Hip <input type="checkbox"/> Gable <input type="checkbox"/> MonoSlope <input type="checkbox"/> Flat with Mansard			
* If the roof is flat, is there any equipment attached? <input type="checkbox"/> Yes** <input type="checkbox"/> No			
**If yes, please describe: _____			
**If yes, is the equipment securely anchored to the roof? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Exterior			
Are there hurricane shutters/panels? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are the building(s) windows and/or doors made of IMPACT GLASS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any exterior renovations currently being performed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Interior			
Are there any interior renovations currently being performed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Gut Renovations? <input type="checkbox"/> Yes* <input type="checkbox"/> No* * If yes, date of renovations and details? _____			
Year of last updates: Plumbing _____ Electrical _____ HVAC (<input type="checkbox"/> gas <input type="checkbox"/> electric)			
List any mold, hidden decay or collapse losses paid or reports: _____			
Occupancy			
Apartment Occupancy %: _____		HUD % _____ Students % _____ Seniors % _____	
Condominium Occupancy %: _____		Units owner occupied %: _____	
Season rental exposure present? <input type="checkbox"/> Yes		% <input type="checkbox"/> No	
Property Manager in place? <input type="checkbox"/> Yes <input type="checkbox"/> No			

This application does not bind the Applicant or the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. The Applicant represents that the above statements and facts are true and facts are true and that no material facts have been suppressed or misstated.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement or claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant: _____

Signature: _____ Date: _____