

PAGE of
ITEM NO.

APPLICANT'S NAME _____

NEW
 ENDORSEMENT
POLICY NO. _____

<p>(7) # STORIES</p> <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE <input type="checkbox"/> _____	<p>(8) CONSTRUCTION</p> <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> REINFORCED MASONRY* <p>(9) OCCUPANCY</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SEE MANUAL FOR OCCUPANCY CODES	<p>(10) ADDITIONAL INFO</p> <input type="checkbox"/> UNDER CONSTRUCTION <input type="checkbox"/> ON STILTS/PILINGS <input type="checkbox"/> RISK(S) INSURED BY ASSOCIATION OF PROPERTY OWNERS	<p>(11) IS PROPERTY SECONDARY RESIDENCE</p> <input type="checkbox"/> YES <input type="checkbox"/> NO <p>(12) IS PROPERTY OCCUPIED BY:</p> <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	<p>(13) TENANT CONTENTS</p> <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>(14) BCEGS GRADE</p> <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RATE TABLE	<p>(15) TERR CODE</p> <input type="text"/>	<p>(16) ROOF TYPE</p> <input type="checkbox"/> GABLE <input type="checkbox"/> HIP <input type="checkbox"/> FLAT <input type="checkbox"/> OTHER
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<p>(17) ROOF COVERING</p> <input type="checkbox"/> SHINGLES <input type="checkbox"/> CLAY TILE <input type="checkbox"/> CONCRETE TILE <input type="checkbox"/> SLATE <input type="checkbox"/> REINFORCED CONCRETE* <input type="checkbox"/> OTHER	<p>(18) ROOF SHEATHING ATTACHMENT</p> <input type="checkbox"/> STANDARD (6D NAILS) <input type="checkbox"/> SUPERIOR (8D OR LARGER NAILS)* <input type="checkbox"/> ADHESIVE*	<p>(19) OPENINGS: GARAGE ATTACHED TO DWELLING</p> <input type="checkbox"/> NONE <input type="checkbox"/> SINGLE-WIDE <input type="checkbox"/> DOUBLE/MULTIPLE	<p>(20) OPENINGS: SLIDING GLASS DOORS: (EXITS TO PORCH, PATIO OR EXTERIOR OF DWELLING)</p> <input type="checkbox"/> NONE <input type="checkbox"/> 1 DOOR <input type="checkbox"/> 2 DOORS <input type="checkbox"/> 3 OR MORE DOORS	<p>(21) ATTACHED PORCHES/CARPORTS:</p> <input type="checkbox"/> NONE <input type="checkbox"/> PORCH <input type="checkbox"/> CARPORT <input type="checkbox"/> PORCH & CARPORT	<p>(22) BUILDING INFORMATION*</p> <p>SECONDARY WATER RESISTANCE:</p> <input type="checkbox"/> YES <input type="checkbox"/> NO <p>IF YES, WHICH TYPE:</p> <input type="checkbox"/> EXTERIOR <input type="checkbox"/> INTERIOR
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<p>(23/24) BUILDING INFORMATION*</p> <input type="checkbox"/> YES <input type="checkbox"/> NO ROOF TIE DOWN STRAPS/CLIPS <input type="checkbox"/> YES <input type="checkbox"/> NO GABLE ENDS PROPERLY BRACED? <input type="checkbox"/> YES <input type="checkbox"/> NO REINFORCED MASONRY ROOF? <input type="checkbox"/> YES <input type="checkbox"/> NO GARAGE DOOR SSTD 12 OR DADE COUNTY APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, IS IT BRACED WITH APPROVED SYSTEM?	<p>(25) IF CONDO/APT/TWHS/MOTEL</p> <p>NAME OF COMPLEX _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">TOTAL # OF UNITS IN BLDG</th> <th style="width:33%;">SPECIFIC UNIT #</th> <th style="width:33%;">ABOVE GROUND FLOOR</th> </tr> <tr> <td> </td> <td> </td> <td align="center"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> </table> <p>BUILDING #/PHASE # _____</p>	TOTAL # OF UNITS IN BLDG	SPECIFIC UNIT #	ABOVE GROUND FLOOR			<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>(26) IF MOBILE HOME COMPLIES WITH ANSI/ANCE CODE #7-88 <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MODEL YEAR/NAME _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">DIMENSIONS</th> <th style="width:50%;">MOBILE HOME ID #</th> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p>LOT # & MOBILE HOME PARK _____</p>	DIMENSIONS	MOBILE HOME ID #		
TOTAL # OF UNITS IN BLDG	SPECIFIC UNIT #	ABOVE GROUND FLOOR										
		<input type="checkbox"/> YES <input type="checkbox"/> NO										
DIMENSIONS	MOBILE HOME ID #											

(27) PROPERTY LOCATION				FWUA SUPPLEMENT APPLICATION SCHEDULE ATTACHED FOR ADDITIONAL ITEMS
STREET #	STREET NAME	CITY	COUNTY	ZIP CODE
				<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>(28) AMOUNT OF COVERAGE</p> <p>AMOUNT REQUESTED: BUILDING</p> <p>\$ _____</p> <p>AMOUNT REQUESTED: CONTENTS (INC ADDITIONS & ALTERATIONS) LIMITED TO 50% OF BUILDING</p> <p>\$ _____</p> <p>AMOUNT REQUESTED: OTHER</p> <p>\$ _____</p>	<p>(29) UNDERWRITING INFORMATION</p> <p>100% REPLACEMENT COST: BLDG (N/A TO MOBILE HOMES)</p> <p>\$ _____</p> <p>ACTUAL CASH VALUE: BUILDING</p> <p>\$ _____</p> <p>ACTUAL CASH VALUE: CONTENTS</p> <p>\$ _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">THIS BUILDING WAS CONSTRUCTED (YEAR)</td> <td style="width:33%;">TOTAL FLOOR AREA OF BUILDING (SQUARE FEET)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2">FLOOD INSURANCE CARRIER (FLOOD POLICY MANDATORY IN ZONES A & V)</td> </tr> <tr> <td>FLOOD POLICY #</td> <td>FLOOD ZONE</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	THIS BUILDING WAS CONSTRUCTED (YEAR)	TOTAL FLOOR AREA OF BUILDING (SQUARE FEET)			FLOOD INSURANCE CARRIER (FLOOD POLICY MANDATORY IN ZONES A & V)		FLOOD POLICY #	FLOOD ZONE			<p>(31) HOMEOWNERS/FIRE INSURANCE CARRIER</p> <p>_____</p> <p>HOMEOWNERS/FIRE POLICY #</p> <p>_____</p> <p>INSURING LIMIT ON HO POLICY (IF KNOWN)</p> <p>\$ _____</p>	<p>(33) DEDUCTIBLE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">HURRI- CANE</th> <th style="width:33%;">OTHER WIND</th> </tr> <tr> <td align="center">2%</td> <td align="center">2%</td> </tr> <tr> <td align="center">3%</td> <td align="center">3%</td> </tr> <tr> <td align="center">4%</td> <td align="center">4%</td> </tr> <tr> <td align="center">5%</td> <td align="center">5%</td> </tr> <tr> <td align="center">\$500 FLAT</td> <td align="center">\$500 FLAT</td> </tr> </table>	HURRI- CANE	OTHER WIND	2%	2%	3%	3%	4%	4%	5%	5%	\$500 FLAT	\$500 FLAT
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\$500 FLAT	\$500 FLAT																									

(30) IS THERE UNREPAIRED PHYSICAL DAMAGE TO THE PROPERTY? YES NO
 ARE THERE LOSSES WITHIN THE LAST 2 YEARS? YES NO IF YES, INDICATE ON PAGE 2

(32) WINDSTORM PROTECTIVE DEVICE CREDIT

NO
 YES (ATTACH CERTIFICATE)

IF YES HURRICANE
 ORDINARY

FWUA USE ONLY	
CLASS	AIBL CODE
TYPE	BLDG CODE
OP-RATE	OTHER
PARTY WALLS?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

*AFFIDAVIT/CERTIFICATE REQUIRED

ITEM NO. _____

PRIOR LOSS HISTORY (If more, attach a separate sheet of paper)

DATE OF LOSS	AMOUNT	DESCRIPTION OF LOSS

REMARKS

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PRIOR LOSS HISTORY (If more, attach a separate sheet of paper)

DATE OF LOSS	AMOUNT	DESCRIPTION OF LOSS

REMARKS

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