

MONO-LINE WIND APPLICATION

Insured Information:

Name: _____
 Mailing Address: _____
 City: _____ State: ___ Zip: _____
 Location Address: _____
 City: _____ State: ___ Zip: _____
 Contact Person: _____
 Phone Number: _____

Agent Information:

Agency Name: _____
 Mailing Address: _____
 City: _____ State: ___ Zip: _____
 Agent Name: _____
 Phone Number: _____
 PROPOSED EFFECTIVE DATE: _____

PROPERTY INFORMATION:

Occupancy: Primary Home Secondary Home Rental Dwelling Condominium Unit Commercial Property
 Year built: _____ Construction Type: _____
 Protections: Wind-Resistant Glass Hurricane Shutters Single/Double Roof Straps Hip Roof
 Update Years: Wiring _____ Plumbing _____ Heating _____ Roof _____
 Coverage: Building \$ _____ Other Structure \$ _____ Contents \$ _____ Loss of Use \$ _____

CURRENT UNDERLYING INFORMATION:

Underlying Property Carrier: _____ Policy Term: _____ Policy # _____
 Coverage: Building \$ _____ Other Structure \$ _____ Contents \$ _____ Loss of Use \$ _____
 Reason for Cancellation/ Non-renewal: _____

PRIOR CARRIER INFORMATION:

Prior Wind Carrier: _____ Policy Term: _____ Policy # _____
 Coverage: Building \$ _____ Other Structure \$ _____ Contents \$ _____ Loss of Use \$ _____
 Reason for Cancellation/ Non-renewal: _____

LOSS INFORMATION:

Have there been ANY Prior Losses? YES NO
 If YES, please provide details below – Must be filled out completely

Date	Type of Loss	Cause	Amount

Applicant Signature: _____ Date: _____
 Agent Signature: _____ Date: _____