



THINKING AHEAD

FRATERNAL PROPERTY MANAGEMENT ASSOCIATION PROPERTY INSURANCE APPLICATION

PROPERTY INSURANCE INFORMATION

Property Owner: _____ Phone: _____

Owner Mailing Address: _____

Fraternity/Chapter Name: _____ University Affiliation: _____

Chapter Address: _____

Billing Contact: _____ Phone: _____

Billing Contact Address: _____

Billing Contact Title: _____ Email: _____

Mortgage/Loss Payee: _____ Loan: _____ Phone: _____

Address: _____

Inspection Contact: _____ Phone: _____

Inspection Contact Address: _____

Inspection Contact Email: _____

Year Property Built: _____ Number of Stories: _____

Number of Buildings at Location: _____

*****Separate information for each building required**

Is property currently occupied? Yes No

If no, how long has it been vacant? _____

Property Condition: Excellent Above Average Average Below Average

Is this classified as a historic building? Yes No

BUILDING CONSTRUCTION

Check the appropriate answer:

Walls: Brick Stone Wood Frame Other:

Floors: Wood Concrete

Roof Structure: Wood Concrete

Roof Covering: Asphalt Shingles Wood Shingles Tile Shingles
 Tar and Gravel (Flat Roof) Other Please List:

Basement Walls: Brick Concrete

If built prior to 1970, please provide when each of the following was updated (mm/yy):

Electrical Wiring: Heating: Cooling:

Plumbing: Roof:

**** If unable to provide updates and the physical plant was built prior to 1970, please answer the questions in Section 1 (If updates are provided, or if the physical plant was built after 1970, please skip to Section 2) ****

Section 1

ELECTRICAL WIRING

Does the system use a fuse box with removable fuses or a circuit breaker box?

Removable Fuses Circuit Breaker Box

Is there an annual inspection of the system by an outside contractor? Yes No

HEATING, VENTILATION, AIR CONDITIONING

Does the heating system appear to be original or an updated system?

Original Updated

Is there an annual inspection of the system by an outside contractor? Yes No

PLUMBING

Are there any known leaks or problems with the plumbing system? Yes No

Please check the box that best describes the plumbing system:

Plastic Copper Galvanized Steel

ROOF

Are there any known leaks? Yes No

Section 2

SMOKE ALARMS

Battery Wired

Number of Smoke Alarms: Number of Fire Extinguishers:

SQUARE FOOTAGE

What is the square footage including the basement?

KITCHEN

Is there a kitchen on the premise? Yes No

If yes, is there a metal Hood with an Ansul System? Yes No

BOILER

Is there a boiler on the premise? Yes No

SPRINKLER SYSTEM

Is the building sprinkled? Yes No

If the building is sprinkled please answer the following questions:

What percent of the total area is covered?

Is the sprinkler system serviced ANNUALLY by an outside contractor?

Yes No

If yes, please provide:

Contractor Name: Contractor Phone:

Contractor Address:

Last date of inspection:

Coverage Information

Expiration date of current policy: Current Carrier:

Current Property Premium:

Current Limits:

Building Limit: Replacement Cost

Contents Limit: Replacement Cost

Loss of Rents Limit: Annual Value

Other:

*****Please Note: You are responsible to insure to value**

Any losses in the last five years? Yes No

If yes, provide details on separate page

APPLICATION WARRANTY AND INSTRUCTIONS

I hereby warrant and confirm that the above information, to the best of my knowledge, is true and correct, and further certify that I have read all of the questions and answers of this application. I understand this application is a requirement for coverage and evidence of my acceptance of this insurance, and any falsification or misrepresentation will be deemed a breach of contract, voiding all insurance coverage. It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or the company until accepted by the company or companies in writing from Holmes Murphy

Completed by: Signature:

Title: Date:

Address:

Email Address: Phone: