

**HO-6 CONDO UNIT OWNER INSURANCE APPLICATION**  
**GOOD FOR OWNER OCCUPIED, TENANT OCCUPIED, VACANT OR SEASONAL**

PRINT, COMPLETE, AND FAX TO: 786-293-3669 OR EMAIL TO: [SERVICE@USAINSURANCENET.COM](mailto:SERVICE@USAINSURANCENET.COM)  
This Form is Property of USAINSURANCENET CORP a registered corporation. Total of 4 pages.

Needed Effective Date: \_\_\_\_\_

Applicant Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**Mailing Address:**

# and Street or P.O. Box \_\_\_\_\_ Home Phone \_\_\_\_\_

UNIT # \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Property Information:**

Street Address \_\_\_\_\_ County: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Year Built \_\_\_\_\_ Occupancy: Owner or Tenant  
**CIRCLE ONE**

**Base Coverage:**

Coverage A (Dwelling) Amount averages \$25,000 per Bedroom \$ \_\_\_\_\_

Coverage B (Other Structures) \$ \_\_\_\_\_

Coverage C (Personal Property) Minimum \$20,000 \$ \_\_\_\_\_

Coverage D (Loss Of Use) Must be 40% of Coverage C \$ \_\_\_\_\_

Coverage E (Personal Liability) \$100,000 or \$300,000 **CIRCLE ONE**

Coverage F (Medical Payments) \$1,000 \$2,000 \$3,000 **CIRCLE ONE**

AOP Deductible \$500 \$1,000 \$2,500 **CIRCLE ONE**

Hurricane Deductible 2% 5% 10% **CIRCLE ONE**

**Endorsements:**

Personal Property Replacement Cost      YES or NO      **CIRCLE ONE**

Loss Assessment      \$2,000 STANDARD AVAILABILITY **no other option**

Unit-Owners Coverage A Special Coverage      YES or NO      **CIRCLE ONE**

Unit Rented to Others Coverage      YES or NO      **CIRCLE ONE**

**Dwelling Information:**

Protection Class      Do not worry about this      Territory      Do not worry about this

Construction Type      AP Over Frame/Masonry/Frame/Superior      Building Code Grade      Do not worry about this  
**CIRCLE ONE**

Property Type      Apartment/Condo/Dwelling/Rowhouse/Townhouse      Number of Families in your unit      \_\_\_\_\_  
**CIRCLE ONE**

Under Air Sq Ft      \_\_\_\_\_      Building Number of Stories/Floors      \_\_\_\_\_

Dwelling Use      Primary/Seasonal/Secondary/Vacant      Units in Fire Division      \_\_\_\_\_  
**CIRCLE ONE**

**Indicate All Months Unoccupied If Any**

Jan     Feb     Mar     Apr     May     Jun     Jul     Aug   
Sep     Oct     Nov     Dec

Primary Heat Source      None/Gas/Electric/Central/Window      Professionally Installed      YES or NO      **CIRCLE ONE**  
**CIRCLE ONE**

Central Fire Alarm      YES or NO      Central Burglar Alarm      YES or NO      **CIRCLE ONE**  
**CIRCLE ONE**

Sprinkler System      Class A or Class B      Foundation Type      Closed/Open/Stilts/Pilings/Piers/Lattice  
**CIRCLE ONE**      **CIRCLE ONE**

**Purchase Information:**

Prior Insurance	YES or NO <b><u>CIRCLE ONE</u></b>	New Home Purchase or Leased in Last 45 days	YES or NO <b><u>CIRCLE ONE</u></b>
Purchase Price	_____	Date of Purchase or Lease	_____
Market Value	_____	Replacement Value	_____

**Update Information:**

Year Electrical Updated	_____	Full or Partial	<b><u>CIRCLE ONE</u></b>
Year Heating Updated	_____	Full or Partial	<b><u>CIRCLE ONE</u></b>
Year Roof Updated	_____	Full or Partial	<b><u>CIRCLE ONE</u></b>
Year Plumbing Updated	_____	Full or Partial	<b><u>CIRCLE ONE</u></b>

**Wind/Hurricane/Loss Mitigation Credits:**

Check if you have completed a Uniform Mitigation Verification Inspection Form for this property signed by a licensed contractor. **IF YOU HAVE COMPLETED THE MITIGATION INSPECTION FAX IT ALONG WITH THIS QUESTIONNAIRE TO 786-293-3669**

Roof Covering:	Tile/Shingle/Concrete Slab/Tar & Gravel	<b><u>CIRCLE ONE</u></b>
Roof Deck Attachment:		
Roof to Wall Attachment:		
Roof Geometry:	Flat/Gable/Hip	<b><u>CIRCLE ONE</u></b>
Gable End Bracing:	(Not used in calculation ignore form value)	
Wall Construction Type:	(Not used in calculation ignore form value)	
Secondary Water Resistance:		
Opening Protection:		
Terrain Exposure:	Terrain C - 2% deductible (FL Only)	

**Miscellaneous Rating Information:**

Distance To Fire Hydrant (ft) \_\_\_\_\_

Unit Located On Floor # \_\_\_\_\_

For a fast and competitive proposal please fax the completed form to:  
[FX: 786-293-3669](tel:786-293-3669) or [Email to: service@usainsurancenet.com](mailto:service@usainsurancenet.com)

Please advise our office after you have sent the form to make sure it was received.  
[PH: 786-293-3637](tel:786-293-3637) [service@usainsurancenet.com](mailto:service@usainsurancenet.com)

EXPECT RESULTS WITHIN 24 HRS. PLEASE CONTACT US WITH ANY QUESTIONS OR CONCERNS, THANK YOU.

Comments \_\_\_\_\_  
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