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PROPERTY INSURANCE APPLICATION

Complete One Per Location

Insured Information:

Insured Name:					
Mailing Address:					
City:		State:		ZIP:	
County:		Number of Years in Business:		Web:	
E-Mail:			Work:		Cell:
Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC			Fax:		

Physical Location, if different from above:

Address:		
City:		State:
ZIP:		

Underwriting Information:

Construction Type: <input type="checkbox"/> Frame/Brick Veneer <input type="checkbox"/> Masonry <input type="checkbox"/> Metal		Yr. Built:	# Stories:	Square Footage:
<i>If over 25 yrs. old provide year of updates for:</i> Heating:		Electrical:	Roof:	Plumbing:
Distance from Fire Station: Miles		Distance from Fire Hydrant: Feet		
Is the building Sprinklered (Fire Suppression System)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what percentage: %				
Do you have an alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what type? <input type="checkbox"/> Local Gong <input type="checkbox"/> Central Station: <input type="checkbox"/> Fire and/or <input type="checkbox"/> Burglar				

Coverage Information: Requested Effective Date: / /

Subject of Insurance	Limit of Insurance	Deductible	Policy Form	Co-Insurance	Valuation
Building – If Owned			Special	90%	RC
Business Personal Property			Special	90%	RC
Business Income			Special	90%	RC

* Business Income Coverage requires a Business Income Estimate Worksheet

Lein Holders/Additional Insured's:

Name of Lein Holder/Additional Insured	Address	Relationship

Prior Carrier/Claims:

Current Insurance Carrier:		Number of Yrs. Insured:
Expiring Premium:	Have you had any claims in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "Yes", please provide the following information:		
Date of Claim	Description	Amount of Loss

Signatures:

Insured Signature:	Title:
Printed Name:	Date: