

CHALET APPLICATION & QUESTIONNAIRE

1. INSURED NAME: _____ EFFECTIVE DATE: _____

Mailing Address: _____

2. LOCATION: Street Address: _____

Year Built: _____ Construction: _____ # of Stories: _____ # Sleeping Units: _____

Square footage of insured property: _____

3. RENTAL COMPANY: Name: _____

Address: _____

Website: _____

Additional Insured: Y N

4. AMOUNT OF INSURANCE: (Use 100% values) (Policy contains 90% Coinsurance Clause)

Building: _____ (Replacement Value)

Business Personal Property: _____ (Replacement Value)

Rental Value: _____ (Annual)

Deductible: \$1,000 Higher Deductible: _____

Liability: \$1,000,000 Occurrence \$2,000,000 Aggregate \$5,000 Med Pay

5. RENOVATION/MOST RECENT UPDATES (IF OVER 15 YEARS OLD)

Roof: _____ Year: _____ Type of Shingles: Wood Asphalt Tile

Has Roof Been Completely Replaced? Yes No Date: _____

Plumbing: _____ Year: _____ Water Heaters: _____ Year: _____

Wiring: Copper Aluminum Year: _____

A/C Heating: _____ Year: _____ Type (check one): Gas Electric

Gut Renovation: _____ Year: _____ Details: _____

6. Any on-going Renovations? Yes No If Yes, Describe: _____

Is there any un-repaired damage? Yes No If Yes, Describe: _____

7. LIST ALL CLAIMS IN LAST 3 YEARS: _____

8. FIRE PROTECTION:

Protection Class: _____ Nearest Responding Fire Dept: _____ Distance: _____

Smoke Detectors?..... Yes No Fire Extinguishers?..... Yes No In

9. HAVE THERE BEEN ANY MOLD, HIDDEN DECAY, COLLAPSE OR WATER DAMAGE INCIDENTS?

Yes No List Dates, Amounts and Corrective Action taken: _____

Date

Signature of Insured

Attached Mortgage Holder Name / Address / Loan #

Should subsequent renewals be billed to the Mortgage Holder? Y N