

Global Insurance Agency, LLC
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CONDOMINIUM/TOWNHOUSE/RENTER'S INSURANCE APPLICATION

Applicant's Name: _____ **Birth Date:** _____ **S.S. #** _____
Current Address: _____ **Occupation:** _____

Co-Applicant's Name: _____ **Birth Date:** _____ **S.S. #** _____
Current Address: _____ **Occupation:** _____

Phone: _____ **E-mail:** _____

Property Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Unit/Apartment No.: _____ **Floor unit is located:** _____
Condominium's or Complex Name: _____

Purchase Price/Amount to insure: _____ **Amount Financed:** _____
Mortgagee Clause: _____ **Loan #:** _____
Address: _____

Send renewal Bill to: Mortgage Company _____ Insured _____

Do you own or rent the unit: _____

Owner occupied: Yes ___ No ___ New Construction: Yes ___ No ___

Have you filed for Bankruptcy in past 10 years? Yes ___ No ___

Garage: ___ Yes ___ No, if so, garage type: Attached ___ Detached ___ Built in ___ How many cars: _____

No. of Bedrooms: ___ No. of Bathrooms: ___ No. of Kitchen: ___ Unit Sq. Footage: _____

Year Built: _____ Heating System: Gas ___ Electric ___ Oil ___

Is the heating and Air Conditioning Unit located in your unit? _____

Building Construction: Frame _____ Brick _____ Other: _____

Number of stories in the Building: _____

The following are located on the premises:

Swimming Pool _____ Trampoline _____ Dog _____ Fireplace _____

Additional Items, you wish to insure:

Send by: _____ send quote to: _____
Print's your name and number (Fax # or E-mail)