



EASTERN SEABOARD WIND COVERAGE REQUEST FORM

SECTION I – APPLICANT

Account Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Insured's Form of Business	Individual	Partnership	Corporation
(Check One):	LLC	Joint Venture	Other

SECTION II – BUILDING INFORMATION

Please attach a completed Eastern Seaboard Building Coverage Request Form for each building you would like included on this quote.

SECTION III – ADDITIONAL PROPERTY INFORMATION

Please attach a completed Eastern Seaboard Additional Property Coverage Request Form if you have other items (such as awnings, fences or signs) that you would like included on this quote.

SECTION IV – POLICY LEVEL INFORMATION

Requested Effective Date: _____

Ordinance or Law Coverage: Yes No

Terrorism Coverage: Yes No

Mold Clean-Up & Removal Coverage: Yes No

Deductible (Select one of the following two options – if the requested deductible is below the minimum deductible, the minimum deductible will be offered):

% Named Storm Deductible and a Flat-Dollar All Other Wind/Hail Deductible.

Select % Named Storm Deductible: 1% 2% 3% 5%

AND Select All Other Wind and Hail Deductible

\$1,000	\$2,500	.25%	.50%
1%	2%	3%	5%

All Wind/Hail Deductible

\$1,000	\$2,500	\$5,000	\$10,000
\$15,000	\$20,000	\$25,000	\$50,000
\$75,000			

List and summarize all wind losses in the past three years:

SECTION V – ADDITIONAL INTEREST HOLDERS

Does this risk have Additional Interest Holders (Y/N)?

- If yes, select one: Loss Payable Lenders Loss Payable Contract of Sale

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Loan Number: _____

If there is more than one additional interest holder please provide information for each.

EASTERN SEABOARD BUILDING COVERAGE REQUEST FORM

Please complete and submit this portion of the Wind Coverage Request Form for each building.

Location Number: _____ Building Number: _____

Location Address: _____

Suite/Building #/Description: _____

City: _____ State: _____ Zip Code: _____

Construction	Wood Frame (F)	
(Check One):	Joisted Masonry- Ordinary (M)	Joisted Masonry- Heavy (HC)
	Non-Combustible-Ordinary (M)	Non-Combustible-Heavy (SWR)
	Masonry Non-Combustible-Ordinary (SWR)	Masonry Non-Combustible-Heavy (WR)
	Modified Fire Resistive (WR)	Fire Resistive (WR)

Type of Cladding/Siding (check one): _____ EFIS _____ Concrete _____ Other

NOTE: EFIS cladded buildings of WR or SWR construction are not eligible.

Original Year of Construction: _____

- If the building is over 30 years old, when was the roof last updated? _____

Roof Type (check one): _____ Hip _____ Gable _____ Flat

Number of Stories: _____

Total Square Footage: _____

Nature of Business:	Retail	Service	Agriculture/Food Processing (Building coverage only)
	Hotel/Motel	Restaurant	Other Commercial Property
	Wholesale	Manufacturing	Apartment (Five units or more)
	School	Office	Condominium/Townhouse (Association Risk Only)
	Construction	Public Building	

SC ONLY: Is the risk located in the SC Windstorm and Hail Underwriting Association (Beach Pool) (Y/N)? _____

Is risk within City Limits (Y/N)? _____

Windstorm Protective Devices (Y/N)? _____ If Yes, Class (Check One): _____ A _____ B

Is the building over water? _____

Is the building in the process of renovation? _____

Is the building in the process of construction? _____

Is the risk located in a dwelling or a residence? _____

Is the risk located on a barrier island? _____

Coverages (**must be written at 100% replacement cost value**):

Building Coverage Amount:	\$ _____
Business Personal Property Coverage Amount:	\$ _____
Business Income/Extra Expense Coverage Amount	\$ _____
Tenant's Improvements and Betterments	\$ _____

Does this building have flood insurance (Y/N)? _____

Inspection Contact Name: _____ Telephone: (_____) _____

ESB ADDITIONAL PROPERTY COVERAGE REQUEST FORM

Risks must be insured to value and must be written in conjunction with a building policy.

Location Number*: _____

*A separate Additional Property Coverage Request must be completed for each location.

Other Structures – Fully Enclosed

(Maximum value available - \$100,000 per policy)

Construction (Check One):

<input type="checkbox"/> Wood Frame (F)	<input type="checkbox"/> Joisted Masonry- Heavy (HC)
<input type="checkbox"/> Joisted Masonry- Ordinary (M)	<input type="checkbox"/> Non-Combustible-Heavy (SWR)
<input type="checkbox"/> Non-Combustible-Ordinary (M)	<input type="checkbox"/> Masonry Non-Combustible-Heavy (WR)
<input type="checkbox"/> Masonry Non-Combustible-Ordinary (SWR)	<input type="checkbox"/> Fire Resistive (WR)
<input type="checkbox"/> Modified Fire Resistive (WR)	

Building Value \$ _____

Business Personal Property Value \$ _____

Original Year of Construction _____

Description _____

Other Structures – Open

(Maximum value available - \$25,000 per policy)

Construction: Frame Masonry Metal

Building Value \$ _____

Business Personal Property Value \$ _____

Original Year of Construction _____

Description _____

Signs – Attached and not attached to the building

(Maximum value available - \$5,000 per policy)

Construction Type: Metal Other

Value \$ _____

Description _____

Light Poles, Street Signs, etc.

(Maximum value available - \$5,000 per policy)

Construction Type: All Metal Other

Value \$ _____

Description _____

Boardwalks, Catwalks, Decks, Trestles and Bridges (not over water)

Construction Type: Concrete Steel Wood

Value \$ _____

Description _____

Pools in Open

Value \$ _____

Description _____

Awnings, Canopies

(Maximum value available - \$25,000 per policy)

Value \$ _____

Description _____

Fences, Property Line Walls, Lattice Work and Trellis

(Maximum value available - \$25,000 per policy)

Construction Type: Brick, Iron, Chain-link, Reinforced Concrete Other

Value \$ _____

Description _____

Machinery and Equipment in the open, including gas pumps

(Maximum value available - \$50,000 per policy)

Value \$ _____

Description _____

Satellite Dishes

(Maximum value available - \$5,000 per policy)

Value \$ _____

Description _____

Driveways, Courts, Pads, etc

Value \$ _____

Description _____

Fountains, Statuary, Monuments or Tombstones

Value \$ _____

Description _____



Delaware Valley Underwriting Agency, Inc.

ADDENDUM TO APPLICATION

Insured's/Applicant's Name: _____

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

I have read and accept the above (To be signed by the Insured/Applicant)

Insured/Applicant Signature

Date