



Rental Dwelling Liability

Program Insurance Application

CARRIER: GRANADA INS. CO.		UNDERWRITER:		DATE:	
PRODUCER:			DATE BOUND:		TIME BOUND:
ADDRESS:			POLICY NUMBER:		
			EFF DATE:		EXP DATE:
PHONE:			PREMIUM:		POLICY FEE: \$25.00
PRODUCER CODE:		PRODUCER ID:		TOTAL PREMIUM :	

APPLICANT INFORMATION

NAMED INSURED:					
MAILING ADDRESS:					
CITY:		COUNTY:		STATE:	ZIP:
INDIVIDUAL <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	LLC: <input type="checkbox"/>	YEARS IN BUSINESS:	
INSPECTION CONTACT:			ACCOUNTING RECORD CONTACT:		
PHONE:			PHONE:		

PREMISES INFORMATION

LOC # 1 :	STREET:	CITY:	COUNTY:	STATE: FL	ZIP:
Your Interest in Such Premises <input type="checkbox"/> Owner <input type="checkbox"/> Lessee					

COMMERCIAL GENERAL LIABILITY - OCCURRENCE FORM

COVERAGE	LIMITS
Each Occurrence/Aggregate C S L	\$
Products / Complete Operation Aggregate	\$ Included
Personal and Advertising Injury	\$

SCHEDULE

CLASSIFICATION	CLASS CODE	Please, choose one.
Dwelling - One-Family	63010	<input type="checkbox"/>
Dwelling - Two-Family	63011	<input type="checkbox"/>
Dwelling - Three-Family	63012	<input type="checkbox"/>
Dwelling - Four-Family	63013	<input type="checkbox"/>

OPERATION INFORMATION	YES	NO
Does the dwelling have more than four (4) dwelling units?		
Is there a business of any kind being conducted on the premises?		
Smoke detectors?		
Is there a swimming pool on the premises?		
If there is a swimming pool, does it contain a self locking child proof gate?		
Is this property tenant occupied?		
Does the property have security bars on windows?		
If There is security bars on windows, does it have emergency escape function?		
Does the applicant have any animals or exotic pets? (Policy contains Animal Exclusion)		
Is there a trampoline on the premises?		
Does the applicant operate a in-home daycare?		

PRIOR CARRIER INFORMATION

Category	Years:	Years:	Years:	Years:
Carrier				
Policy Number				
Limits				
Total Premium				

LOSS HISTORY

Enter all claims or occurrence that may give rise to claims for the prior 3 years check here if none

Date of occurrence	Type of occurrence	Amount Paid	Claims Open	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Any Policy or coverage declined, cancelled or non renewed during the prior 3 years Yes No
If yes, explain

Personal information about you may be collected from persons other than you, such information as well as other personal privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization, you have the right to review your personal information in our files and can request correction of any inaccuracies a more detailed description of your right and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

The agent has no authority to Bind coverage on behalf of Granada Insurance Company. The Agent has no right to MAKE, ALTER, MODIFY or DISCHARGE any CONTRACT or POLICY issued on the basis of this application.

The undersigned agrees that if the downpayment or full payment check is returned by the bank because of nonsufficient funds, coverage will be null and void from inception.

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____