

FRATERNAL PROPERTY MANAGEMENT ASSOCIATION PROPERTY INSURANCE APPLICATION

Property Insurance Information

Property Owner: Name: _____ Phone: _____

Owner Mailing Address: _____

Fraternity/Chapter Name: _____ University Affiliation: _____

Chapter Address: _____

Billing Contact: Name: _____ Phone: _____

Billing Contact Address: _____

Billing Contact Title: _____ Email: _____

Mortgage/Loss Payee: _____ Loan #: _____

Phone: _____

Address: _____

Inspection Contact: _____ Phone: _____

Inspection Contact Address: _____

Inspection Contact Email: _____

Year property was built: _____ Number of stories: _____

Number of buildings at location: _____ *Separate Information for each building is required

Is property currently occupied? Yes No

If no, how long has it been vacant? _____

Property Condition: Excellent Above Average Average Below Average

Is this classified as a historic building? Yes No

Total Number of Beds in Facility: _____

Building Construction

Check the appropriate answers:

Walls:	Brick	Stone	Wood Frame	Other
Floors:		Wood	Concrete	
Roof Structure:		Wood	Concrete	
Roof Covering:		Asphalt Shingle		Wood Shingles
		Tile Shingle		Tar and Gravel (flat roof)
		Other	Please List:	
Basement Walls:	Brick	Concrete		

If built prior to 1970, please provide when each of the following was updated(mm/yy):

Electrical Wiring:	Heating:	Cooling:
Plumbing:	Roof:	

If unable to provide updates and the physical plant was built prior to 1970, please answer the questions in **Section 1 (If updates are provided, or if the physical plant was built after 1970, please skip to **Section 2**)*

Section 1

Electrical Wiring

Does the system use a fuse box with removable fuses or a circuit breaker box?

Removable Fuses	Circuit Breaker Box
-----------------	---------------------

Is there an annual inspection of the system by an outside contractor?	Yes	No
---	-----	----

Heating, Ventilation, Air Conditioning

Does the heating system appear to be original or an updated system?

Original	Updated
----------	---------

Is there an annual inspection of the system by an outside contractor?	Yes	No
---	-----	----

Plumbing

Are there any known leaks or problems with the plumbing system?	Yes	No
---	-----	----

Please check the box that best describes the plumbing system:

Plastic	Copper	Galvanized Steel
---------	--------	------------------

Roof

Are there any known leaks?	Yes	No
----------------------------	-----	----

Section 2

Smoke Alarms

Battery Wired

Number of Smoke Alarms:

Number of Fire Extinguishers:

Square Footage

What is the Square Footage including the basement?

Kitchen

Is there a kitchen on premise? Yes No

If yes, is there a Metal Hood with ansul system? Yes No

Boiler

Is there a boiler on premise? Yes No

Sprinkler System

Is the building sprinkled? Yes No

If yes, please answer the following questions:

What percent of the total area is covered?

When was the sprinkler system installed?

Is the sprinkler system serviced annually by an outside contractor? Yes No

If yes, provide:

Contractor name:

Address:

Phone:

Date of last contractor inspection:

Coverage Information

Expiration date of current policy:

Current Carrier:

Current Property Premium:

Current Limits: Building Limit: Replacement Cost

Contents Limit: Replacement Cost

Loss of Rents Limits: Annual Value

Any losses in the last 5 years? Yes No

If yes, please explain:

Application Warranty and Instructions

I hereby warrant and confirm that the above information, to the best of my knowledge, is true and correct, and further certify that I have read all of the questions and answers of this application. I understand this application is a requirement for coverage and evidence of my acceptance of this insurance, and any falsification or misrepresentation will be deemed a breach of contract, voiding all insurance coverage. It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or the company until accepted by the company or companies in writing from Holmes Murphy.

Completed by: Signature:

Title: Date:

Address:

Email Address: Phone:

Please remit by one of the following ways:

Email: fraternalinsuranceapp@holmesmurphy.com

Fax: 800-328-0522

USPS: Holmes Murphy 13810 FNB Parkway, Suite 300, Omaha, NE 68154