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| **PROPERTY INSURANCE APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Fill form instruction: Use ‘X’ key for all check boxes*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Fraternity/Sorority:** | | | | Sigma Chi | | | | | | | | | | | | | | | | | | | | | **School name:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Chapter name:** | | | |  | | | | | | | | | | | | | | | | | | | | | **Chapter status:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | *(ex: Beta Zeta chapter) (ex. good standing, probation, suspension, etc.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Property address:** | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | *Street* | | | | | | | | | | | | | | | | | *City* | | | | | | | | | | | | | *State* | | | | | | | | | *ZIP Code* | | | | | | | | | | | | | | *County/Parish* | | | | | | | | | | | | | |
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| **Property type:** | | Owned  House | | | | | | | | University  House | | | | | | | | | Rental  House | | | | | | | | | | | Lodge | | | | | | | | | | | Apartment | | | | | | | | | | | | | | | | | | | Storage  Unit | | | | | | | | |
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| **House Corporation:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Phone:** | | | | | | |  | | | | | | | | | | | | | | | |
|  | | *Legal Name of House Corporation* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mailing address:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | |
|  | | | | | *Street* | | | | | | | | | | | | | | | | | | | | | | *City* | | | | | | | | | | | | | | | | | | | | *State* | | | | *ZIP Code* | | | | | | | | | | | | | | |
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| **Billing contact:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Phone:** | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | *Name* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Mailing address:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | |
|  | | | | | *Street* | | | | | | | | | | | | | | | | | | | | | | *City* | | | | | | | | | | | | | | | | | | | | *State* | | | | *ZIP Code* | | | | | | | | | | | | | | |
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| **Title:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **E-mail:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MORTGAGEE / LOSS PAYEE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name:** |  | | | | | | | | | | | | | | | | | | | **Loan #:** | | | | | | | | |  | | | | | | | | | | | | | | **Phone:** | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| **Address:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
|  | *Street* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *City* | | | | | | | | | | | | | | | | *State* | | | | | | | *ZIP Code* | | | | | | | | | | | |
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| **OCCUPANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Is property currently occupied?** | | | | | | | | | | | Yes | | | | | No | | | | | **If no, how long has it been vacant?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| **Maximum number of occupants:** | | | | | | | | | | | |  | | | | |  | | | | **Total number of chapter members:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| **Is the fraternity chapter occupying the location?** | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | No | | | | | *If no, describe the current occupant:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Current occupant description:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **BUILDING INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Year property was built?** | | | | | | | |  | | | | | **Number of stories?** | | | | | | | | | | | | |  | | | | | | | **Number of buildings at location? \*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| *\* Separate information for each building is required* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Is the property: *Alcohol-free?*** | | | | | | | | | | | Yes | | | | | No | | | | | ***Classified as a historic building?*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Building construction:** | | | | | | | Frame | | | | | | | Joisted Masonry | | | | | | | | | | | | | | Masonry Non-Combustible | | | | | | | | | | | | | | | | | | | | | | | | | | | Modified Fire  Resistive | | | | | | | | | | | | | | |
| **Outside walls:** | | | | | | | Wood | | | | | | | | Brick | | | | | | | | | | | | | | | | | Stucco | | | | | | | | | | | | | | | | Vinyl: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Block | | | | | | | | Concrete Block | | | | | | | | | | | | | | | | | Other: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Roof type:** | | | | | | | Shingles | | | | | | | | Tar & Gravel | | | | | | | | | | | | | | | | | Membrane | | | | | | | | | | | | | | | | Other: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Above ground building square footage: \*\*** | | | | | | | | | | | | | | | | | |  | | | | | | **Is there a basement?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | | | | | | | |
| *\*\* Not including basement* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***If yes, basement square footage finished:*** | | | | | | | | | | | | | | | | | |  | | | | | | ***Unfinished square footage:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **BUILDING INFORMATION CONTINUED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **BUILDING RENOVATIONS / UPDATES** (Indicate year if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | **Last major renovation:** |  |  | **Heating:** |  |  | **Cooling:** |  | |  | | | | | | | | | | **Electrical wiring:** |  |  | **Roof:** |  |  | **Plumbing:** |  |   **FIRE PROTECTION SYSTEMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Local Fire Alarm *(sounds locally)* | | | | | Hardwired Smoke Detectors | | | | | | | Central Station Monitored Alarm | | | | | | | | | | | | | | | Battery Operated Smoke Detectors | | | | | | | None | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HEATING / COOLING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Type of heating system:** | | | | | | |  | | | | | | | | | | | | | | | | | **Type of cooling system:** | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SPRINKLER SYSTEM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | |  | | | | | |
| **Is the building sprinklered?** | | | | | | | | | | Yes | | | | No | | | | | | | | | | **Percent of the total area covered:** | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Service agreement in place?** | | | | | | | | | | Yes | | | | No | | | | | | | | | | **Year sprinkler system was installed:** | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PROPERTY MANAGEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Employ a property manager?** | | | | | | | | | | Yes | | | | No | | | | | | | | | | **Live-in adult advisor?** | | | | | | Yes | | | | No | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have a burglar alarm?** | | | | | | | | | | Yes | | | | No | | | | | | | | | | **Monitored by a 3rd party?** | | | | | | Yes | | | | No | | | |
| 🡺 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UNUSUAL HAZARDS ON PREMISES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | |  | | | | | |
| **Bodies of water** (stream, lake, pond, etc.): | | | | | | | | | | | Yes | | | | | | | | No | | | | | | | **Elevator(s):** | | | | | | | Yes | | | | No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recreational areas** (pool, BB court, etc.): | | | | | | | | | | | Yes | | | | | | | | No | | | | | | | **Operating kitchen:** | | | | | | | Yes | | | | No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CURRENT COVERAGE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please attach a copy of your current Evidence of Property Insurance certificate & most recent facility inspection.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Current carrier:** | | |  | | | | | | | | | | | | | | |  | | | | | **Expiration date of policy:** | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current property premium:** | | | | | | | |  | | | | | | | | |  | | | | | **Current deductible:** | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current building value:** | | | | | | | |  | | | | | | | | |  | | | | | **Current contents value:** | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current annual rental income:** | | | | | | | |  | | | | | | | |  | | | | | **Current extra expense value:** | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Any losses in the last 5 years?** | | | | | | | | | Yes | | | No | | | | | | | | *If yes, attach carrier loss runs to application.* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICATION WARRANTY AND INSTRUCTIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 Favor & Company. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Completed by:** | | | |  | | | | | | | | | | | | | | | | | | | | | **Title:** | |  | | | | | | | | | | | | |
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| **Signature:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Address:** |  |  |  | |  | |  | |
|  | *Street* | *City* | | *State* | | *ZIP Code* | | *County/Parish* | |

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| --- | --- | --- | --- | --- |
|  | | | | |
| **Phone:** |  |  | **E-mail:** |  |
|  | | | | |
| **SEND COMPLETED APPLICATION TO:** [**justin.brandt@rmfeducation.org**](mailto:justin.brandt@rmfeducation.org) | | | | |