

ICAT APPLICATION



SECTION I – APPLICANT

Account Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

SECTION II – BUILDING INFORMATION

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

SECTION III – ADDITIONAL PROPERTY COVERAGE INFORMATION

Please attach a completed Additional Property Coverage Request Form if you have additional property (such as pools and fences) that you would like included on this quote.

SECTION IV – COVERAGES

Requested Effective Date: _____

Ordinance or Law Coverage: _____ Yes _____ No

Mold Clean-Up and Removal: (\$10,000 sub-limit per building, please see underwriting guides for coverage description.)
_____ Yes _____ No

Deductible Request: % Named Storm Deductible and All Other Wind and Hail Deductible

Select % Named Storm Deductible:

___1% ___2% ___3% ___5% ___10% ___15%

AND

Select All Other Wind and Hail Deductible:

___ \$1000 ___ .25% of TIV ___ .5% of TIV

___1% of TIV ___2% of TIV ___3% of TIV ___5% of TIV

SECTION V – ADDITIONAL INTEREST HOLDERS

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

- If yes, select one: ___ Loss Payable ___ Lenders Loss Payable ___ Mortgagee

Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Loan Number: _____

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

REQUIRED:

Inspection Contact Person : _____ **Telephone:()** _____

BUILDING COVERAGE REQUEST FORM

Please complete and submit this portion of the DIC 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- (M)
	___ Non-Combustible- (M)
	___ Masonry Non-Combustible- (SWR)
	___ Modified Fire Resistive (WR)
	___ Fire Resistive (WR)
	___ Light Metal Frame

Original Year of Construction: _____

- Has the roof covering been updated (Y/N)? ___ If Yes when _____

Number of Stories: _____

Total Square Footage: _____

Roof Shape Type: ___ Hip ___ Gable ___ Flat

Roof Cladding: ___ Asphalt Shingles ___ Wood, Shakes or Shingles ___ Tile or Clay
___ Steel or Metal ___ Built Up

Fire Protection: Poor ___ Standard ___ Good ___ Superior ___

Protection Class: _____

Does this building have aluminum wiring? _____

Is this government subsidized housing? _____

Is the occupant of this building a non-profit organization? _____

Exterior Cladding: Exterior Insulating Finishing System _____ ; Other _____ ;
Wood Exterior Cladding _____

Security: Poor _____ ; Standard _____ ; Superior _____

Insured's Interest: ___ Tenant ___ Owner Occupant

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

Windstorm Protective Devices (Y/N): ___ If Yes, Class (Check One): ___A ___B

Is the building vacant? _____

Is the building in the process of renovation? _____

Is the building in the process of construction? _____

Is the building located in any Beach Plan Area? _____

Building Coverage Continue Section

Nature of	____ Retail	____ Service	____ Public Building
Business:	____ Hotel/Motel	____ Restaurant	____ County, State of Government or their agencies
	____ Wholesale	____ Manufacturing	____ Apartment
	____ School	____ Office	____ Condominium/Townhouse (Association Risk Only)
	____ Construction/Contractors	____ Church	____ Agriculture/Food Processing
	____ Group Institutional Housing	____ Healthcare Service	____ Lessors Risk
	____ Parking	____ Rental Property	____ Service Station
	____ Warehouse		

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

Building Coverage Amount:	\$ _____
Business Personal Property Coverage Amount(including Tenants Improvements & Betterments:	\$ _____
Business Income/Extra Expense/Rental Value Coverage Amount: <i>(Limited to 100% of the Building, TIB, and Business Personal Property limits or \$100,000, whichever is greater)</i>	\$ _____

Additional Property Coverage:

Awnings, Canopies, Carport \$ _____	Other Structures- Enclosed \$ _____
Walks, Decks, Bridges \$ _____	Other Structures – Open \$ _____
Paved Surfaces \$ _____	Pool \$ _____
Signs, Poles \$ _____	Satellite Dishes \$ _____
Machinery, Equipment \$ _____	

Terrorism Coverage: Accept _____ Reject _____
(See ICAT form)

Insured Signature: _____

Date: _____

*** To bind coverage you will need to send Signed application, Signed terrorism form & SL Tax form. ***

