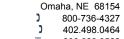
[13810 FNB Parkway, Suite3200 Omaha, NE 68154

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FRATERNAL PROPERTY MANAGEMENT ASSOCIATION

PROPERTY INSURANCE APPLICATION

Property Insurance Information

Property Owner:	Phone:						
	Entity Name						
Owner Mailing Address:	:						
	Street			City		State	Zip
Fraternity/Chapter Nam	e:		University	Affiliation:			
Chapter Address:							
-	Street		City	State	Zip	Count	ty
Billing Contact:				P	hone:		
	Name						
Billing Contact Address:							
	Street			City		State	Zip
Billing Contact Title:			E-m	nail:			
Mortgage/Loss Payee:		Loan	Loan Phone:		ne:		
	Name	!					
Address:							
Stree	t			City		State	Zip
Inspection Contact:				P	hone: _		
	Name						
Inspection Contact Add	ress:						
		Street		City		State	Zip
Inspection Contact E-ma	ail:						
Year property was built?	?		Number of sto	ries?			
Number of Buildings at location?		** Separate inf	** Separate information for each building is required				
Is property currently occ	cupied?	Yes No [If No, how long	g has it been vac	ant?		
Property Condition E	xcellent 🗌	Above Averag	ge	Ве	low Aver	age 🗌	
Is this classified as a his	toric building	? Yes 🗌	No 🗌				

Building Construction

Check the appropriate	e answer:			
Walls:	Brick □	Stone \square	Wood Frame	□ Other □
Floors:	Wood \square	Concrete \square		
Roof Structure:	Wood □	Concrete \square		
Roof Covering:	Asphalt Shingles \square Other \square Please L	Wood Shingles \square ist	Tile Shingles □	Tar and Gravel (flat roof) \square
Basement Walls:	Brick □	Concrete		
If built prior to 1970,	please provide when	each of the following	was updated (r	nm/yy):
Electrical Wiring:		Heating:		Cooling:
Plumbing:		Roof:		
** If unable to provide update plant was built after 1970, pl		s built prior to 1970, please an	swer the questions ir	Section 1 (If updates are provided, or if the physical
		<u>Section</u>	<u>1</u>	
Does the system use breaker box?	e a fuse box with remo	vable fuses or a circuit	Removable F	uses Circuit Breaker Box
Is there an annual in contractor?	spection of the system	n by an outside	Yes 🗆	No 🗆
HEATING, VENTILATI	ON, AIR CONDITION	ING		
Does the heating system?	stem appear to be orig	ginal or an updated	Original \square	Updated □
Is there an annual in contractor?	spection of the system	n by an outside	Yes 🗆	No 🗆
PLUMBING				
Are there any know leaks or problems with the plumbing system?			Yes \square	No 🗆
Please check the bo	x that best describes th	ne plumbing system:	Plastic 🗆	Copper \square Galvanized Steel \square
ROOF				
Are there any knowr	n leaks?		Yes \square	No 🗆
		Section 2		
SMOKE ALARMS Battery □	Wired □ Number o	f Smoke Alarms:	Numb	per of Fire Extinguishers:
SQUARE FOOTAGE What is the square f	ootage including the h	nacomont?		

KITCHEN					
Is there a kitchen on premise	e? Yes □	No 🗆			
If Yes, is there a Metal Ho	ood with ansul system?	Yes \square	No 🗆		
BOILER					
Is there a boiler on premise?	Yes 🗆	No 🗆			
SPRINKLER SYSTEM					
Is the building sprinkled?	Yes \square	No 🗆			
If building is sprinkled plea	se answer the following	g questions:			
What percent of the tota	l area is covered?	%			
Is the sprinkler system service	ced ANNUALLY by an o	outside contractor?	Yes 🗆	No □	
If yes provide name, ac	ddress and phone numb	per of contractor:			
				<u> </u>	
Discourse				_	
Phone:					
Date of last contra	ctor inspection:				
	Coverage I	<u>Information</u>			
Expiration date of current polic	y:				
Current Carrier:					
Current Property Premium:					
Current Limits:					
Building Limit:	lding Limit: Replacement Cost				
Contents Limit:	nts Limit: Replacement Cost				
Loss of Rents Limit:	ents Limit: Annual Value				
Other					
_	Please Note: You	are responsible to	insure to value	•	
Any Losses in the last 5 years?	Yes	□ No □	If Yes, provide de	tails on separate page	

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:				
	Street	City	State	Zip
Email Address:		Phone :		

Please remit to: Holmes Murphy

Attn: Cynde Glantz

13810 FNB Parkway, Suite 300

Omaha, NE 68154 Fax 800.328.0522

E-mail: cglantz@holmesmurphy.com