



THINKING AHEAD

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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 Name: _____ University Affiliation: _____

Chapter Address: _____
Street City State Zip County

Billing Contact: _____ Phone: _____
Name

Billing Contact Address: _____
Street City State Zip

Billing Contact Title: _____ E-mail: _____

Mortgage/Loss Payee: _____ Loan _____ Phone: _____
Name

Address: _____
Street City State Zip

Inspection Contact: _____ Phone: _____
Name

Inspection Contact Address: _____
Street City State Zip

Inspection Contact E-mail: _____

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

Building Construction

Check the appropriate answer:

Walls: Brick Stone Wood Frame Other

Floors: Wood Concrete

Roof Structure: Wood Concrete

Roof Covering: Asphalt Shingles Wood Shingles Tile Shingles 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 building is sprinkled please answer the following questions:

What percent of the total area is covered? _____ %

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

If yes provide name, address and phone number of contractor:

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 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 details 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
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