

**SFI GROUP, INC.**  
PO BOX 519  
SNEADS FERRY, NC 28460

**CONDOMINIUM APPLICATION**

PHONE # (910) 329-4443

FAX # (910) 329-4449

**INSURED'S INFORMATION**

TENANT  OWNER E-Mail address: \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CONDOMINIUM**

UNIT # \_\_\_\_\_ NAME OF COMMUNITY \_\_\_\_\_

TOTAL # OF UNITS \_\_\_\_\_ PROPERTY MANAGER PHONE # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**BUILDING**

**INFORMATION:** Frame \_\_\_\_\_ Other than Frame \_\_\_\_\_ Protection Class \_\_\_\_\_ Year \_\_\_\_\_ Unit located on \_\_\_\_\_ Floor

Primary Residence \_\_\_\_\_ Secondary \_\_\_\_\_ Flood Zone \_\_\_\_\_ Ground level  YES  NO

Distance to Water \_\_\_\_\_ Condo Elevated  YES  NO

PREMIUM  
\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ 25.00

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Requested Effective date: \_\_\_\_\_

**COVERAGE**

Base for \$ \_\_\_\_\_ Contents  
(Policy Contains 100% Coinsurance Requirement)  
Additional Coverage A – Dwelling of \$ \_\_\_\_\_  
(Up to \$40,000)

- To include Liability of \$300,000 – Add \$20
- To include Liability of \$500,000 – Add \$45
- Exclude Liability (Please check if excluded)

SUBTOTAL (Minimum retained premium of 25%)  
Fee (Add tax on Fee in SC)  
Total Tax (5 % in NC, 6% in SC)  
Total premium, Tax % Fee

**Please answer the**

1. Has any insurance been declined, cancelled or non-renewed in the past 3 years? \_\_\_\_\_

2. Have there been any losses in the past 3 years? \_\_\_\_\_

Please explain \_\_\_\_\_

3. Does Applicant have any dog (s) on the premises  YES  NO If yes, type of breed \_\_\_\_\_

**Applicant statement:**

I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying. I understand that as a part of routine underwriting, an investigative consumer report or credit report may be obtained as well as an inspection of the property for which coverage is being requested.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_