

# 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:** \_\_\_\_\_

<b>Construction</b>	___ 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

<b>Nature of</b>	____ Retail	____ Service	____ Public Building
<b>Business:</b>	____ 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. \***

