

MYRON STEVES

insurance solutions

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HOB-Tenant/Condo Application

Underwriter: _____ Quote #: _____ Bound coverage by: Ph Fax Mail

Name insured (Individuals only): _____ SSN: _____

Mailing address: _____ # _____

PPC Code: _____ Town: _____ County: _____ Zip code (mandatory): _____

Occupation _____ Date Of Birth _____

HOBT Apartment Condominium 1-2 Family dwelling Mobile home

HOBT-Con Ownership (condos only) leased by named insured Owned and occupied by named insured

Owned by named insured, but leased to others If owner occupied, is the residence Primary Secondary

Name of apartment/condominium (Required): _____

Local address: _____ # _____

Town: _____ County: _____ Zip code (mandatory): _____

Effective date of coverage: ____/____/____

Incomplete application will be returned to agent. To bind coverage, only a complete application will be accepted.

Construction: Brick Brick Veneer Asbestos/Stucco/Hardy Plank Frame

Security: No alarm Central alarm Monitored by _____ Burg. Fire Comb Certificate required

Animals on Premises: Yes No If so, What Type: _____ If Dog, What Breed/Mix: _____

(We cannot accept Mixed, Mutt or Heinz 57 for breed. If unable to describe, provide a photo.)

Any business conducted on premises: Yes No If yes, explain: _____

of square feet: _____ Customers on premises: Yes No (if yes, provide copy of GL policy in Force)

Any child/day care activities: Yes No If yes, explain: _____ Bankruptcy in last 3 years: Yes No

Amount of Coverage Desired:

Section I - Property

Coverage B, Personal Property _____ \$ _____

Theft limitation (20% or \$10,000 max unless no prior) \$ _____

Personal property off-premises \$1000 Replacement cost (HO-101)

Deductible is 1%, minimum \$500 _____

Section II - Liability

Coverage C, Personal Liability: \$ 100,000 Max. (Unless required by Per. Umb)

Swimming pool liability limitation \$ 25,000 Including defense cost

Coverage D, Medical Payments \$ 1,000 per person \$ 25,000 per accident

Certain exclusions and/or limitations may apply. Refer to your quote and/or policy.

3 year claims history:

Claims Date	Description of loss	Amount of loss	Open / Closed
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

No binding or quoting authority. PLEASE FAX APPLICATION FOR BINDING and follow up with original signed application, and net premium (if applicable) within 7 days. If application is mailed prior to binding, coverage will be secured day after postmark! Any incomplete applications received will jeopardize binding coverage.

Producer's Signature _____ Date _____

Insured's Signature (mandatory) _____ Date _____

Agency: _____
 Address: _____
 Agent #: _____
 Agency contact: _____
 Ph: _____ Fax: _____
 Do you know the applicant personally:
 Yes how long _____ No
 Do you handle other insurance for
 applicant: Yes No