



KAMM INSURANCE GROUP

WILLIAM J KAMM & SONS MYERS-BRIGGS & COMPANY

7N024 MEDINAH ROAD P.O. BOX 129 MEDINAH, IL 60157 P 630-980-5000 F 630-980-2425

WWW.KAMMGROUP.COM

Condominium Association & Apartment Insurance Application

Please return this form to: Larry McRae P 630-980-2103 F 630-980-2403 E condo@kammgroup.com

Contact Information

Name _____ Company _____ Address _____ City _____ State _____ ZIP Code _____ Phone _____ Email _____

Association Information

Association Name _____ Phone _____ Association Address _____ City _____ State _____ ZIP Code _____ Annual Dues _____

Policy Information

Quote Effective Date _____ Policy Renewal Date _____ Current Insurer _____ Approximate Current Premium _____ Property Limits: Building _____ Contents _____ Crime _____ Deductible _____ General Liability Limits _____ Hired/Non Owned [] Yes [] No D&O [] Yes [] No Umbrella [] Yes [] No Limit _____

Have you had any claims in the past four years? [] Yes [] No

If yes, please explain: _____

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Building Construction

Date of Construction _____ Square Footage _____ Total No. of Buildings _____

Units per Building _____ Total No. of Stories _____

Conversion/Renovation Yes No Year _____

Gut Rehab Yes No Year _____

Building Construction Type _____

Garage(s) Yes No Number _____

Elevator(s) Yes No

Basement Yes No

Roof Type _____

Pool or Exercise Room Yes No

Commercial Space Yes No

No. of Units _____

Occupancy (%) _____

Safety Information

Manual Pull Fire Alarms Yes No

Fire Extinguishers Yes No

Central Station Fire Alarm Yes No

Smoke Detectors: Common Areas Yes No

In Unit Yes No

Hardwired Battery-operated

Sprinkler System: Common Areas Yes No

In Unit Yes No

Self Closing Doors: In Unit Yes No