

Condo Unit Insurance Info Sheet

Named Insured _____

Email _____ Phone # _____

Mail Address _____

Location (if different) _____

Current Insurer _____ Expiration Date _____
(if any)

Current Auto Insurance Co _____ Expiration Date _____
(for account credit)

Losses past 5 years: None: _____

Date _____ Amount Paid _____ Type of Loss _____

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Building Info:

Building Age _____ # of Units _____ Construction: Wood Frame _____ Brick _____
(approx)

Non-Smoker _____ Alarm Type _____ Business Exposure _____

Sprinkler system _____ Smoke Detector: Battery _____ Hard wired _____

Row Building _____ If not, distance between buildings _____
Left Right Rear

Year systems were updated:

Wiring _____ Plumbing _____ Heating _____ Roof _____

Limits Requested:

Personal Property _____ Personal Liability _____

Scheduled Items _____ Umbrella policy _____
(Jewelry, furs, cameras, guns)

Mail or fax to: HR Hatch Insurance

31 Milk St

Boston, MA 02109

Phone (617) 426-3711 Fax (617) 482-5109