

Condominium Association Supplemental Application

You must designate which coverage option is desired. The endorsement applicable to your choice will be made a part of your policy.

Coverage Options

All-in: Endorsement _____

We will cover fixtures, installations or additions that are within the unfinished interior surfaces of the perimeter walls, floors and ceilings of the individual units which:
Are original installations; or
Have been replaced according to the original plans; or
Have been installed by or at the expense of the unit owners.

Original specifications: Endorsement _____

We will cover fixtures, installations or additions that are within the unfinished interior surfaces of the perimeter walls, floors and ceilings of the individual units which are original installations or have been replaced according to the original plans.

Bare wall: Endorsement _____

We will not cover any part of a unit within the unfinished surfaces of the perimeter walls, floors and ceilings.

Signature: _____ Date: ____/____/____

(Must be signed by Authorized Representative of the
Condominium/Townhouse Association)

