

OPTIONAL DWELLING LIABILITY
COVERAGE QUESTIONNAIRE

1. GUA File # (if existing policy): _____
2. Applicant's Name: _____
3. Address: _____

4. Requested Effective Date: _____
5. Indicate with "X" in box if available Optional Dwelling Liability Coverage is requested.
 - For an additional premium of \$100.00 – ***fully earned non-refundable*** – the Association will provide liability coverage up to a limit of \$20,000.00. A deductible of \$500.00 applies.
6. Do you own any animals? Yes No
If yes, type and breed(s): _____
7. Have any of your animals bitten, injured or threatened to injure anyone in the past three years? Yes No
8. Have any of your animals been the cause of property damage in the past three years? Yes No
9. Agent or Insured Signature: _____
Date: _____

PHOTOS OF FRONT & REAR OF DWELLING REQUIRED