

SINKHOLE LOSS COVERAGE QUESTIONNAIRE

Applicant's Name: _____

Date: _____

You may purchase additional coverage for sinkhole losses for an additional premium by completing this Sinkhole Loss Coverage Application form and submitting it to your agent within 30 days of the effective date of the policy. Mid-term additions will not be allowed. This form is applicable to all policies that offer property coverage.

Sinkhole Loss Coverage Underwriting Information

1.	Has the property at the address to be insured for sinkhole loss ever experienced damage or loss from sinkhole activity or experienced cracking, shifting or bulging of a foundation, wall, or roof?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.	Is any insured of the property aware of any sinkhole, sinkhole activity, sinkhole investigation, ground study, or inspection for sinkhole activity or for any cracking, shifting or bulging of a foundation, wall, or roof of the property to be insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	Has any insured of the property ever requested a sinkhole investigation, submitted a claim for a sinkhole loss, or made a claim for loss or damage from cracking, shifting or bulging of a foundation, wall, or roof of the property to be insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Your request for coverage must be submitted to the Company for its approval. In addition, the information below must be completed.

Date of Loss: _____

Description: _____

Amount paid (Whether or not paid by insurance): _____ \$

Property Inspection:

In conjunction with this request, the insured authorizes Berkley Human Services and their agents or employees, access to the exterior and interior of the insured's premises for the purpose of obtaining eligibility information for your property. An inspection will be scheduled in advance with the insured. Berkley Human Services is under no obligation to inspect the property, and the results of an inspection are not a representation, warranty or guarantee that the property is safe, structurally sound or meets any building codes or requirements. Any refusal to allow a full inspection of the property may result in declination or termination of coverage.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Policyholder's Signature: _____	Date: _____
Print Name: _____	Policyholder's Phone #: _____
Agent's Signature: _____	Date: _____
Print Name: _____	

Mailing Address: P.O. Box 948, Minneapolis, MN 55440-0948

Street Address: 222 South Ninth Street, Suite 2700, Minneapolis, MN 55402-3365