



# Kingstone Insurance Company

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## SUPPLEMENTAL APPLICATION

APPLICANT: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

# OF UNITS IN DWELLING \_\_\_\_\_ # OF UNITS OCCUPIED \_\_\_\_\_

# OWNER OCCUPIED \_\_\_\_\_ # TENANT OCCUPIED \_\_\_\_\_

DATE OF OCCUPANCY \_\_\_\_\_ DATE OF PURCHASE \_\_\_\_\_

NAME OF TENANT(S) \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LEASE AGREEMENT \_\_\_ YES \_\_\_ NO

DOES TENANT HAVE RENTERS INSURANCE \_\_\_ YES \_\_\_ NO?

SQUARE FOOTAGE OF DWELLING \_\_\_\_\_ NUMBER OF STORIES \_\_\_\_\_

WINDSTORM MITIGATION FEATURES \_\_\_\_\_

ON THE EFFECTIVE DATE OF COVERAGE WILL THE DWELLING BE UNOCCUPIED: \_\_\_ YES \_\_\_ NO? IF YES PLEASE PROVIDE DATE THE DWELLING WILL BE OCCUPIED: \_\_\_\_\_.

PLEASE COMPLETE AND ATTACH TO ACCORD APPLICATION

SIGNATURE OF APPLICANTS: \_\_\_\_\_ DATE: \_\_\_\_\_

THANK YOU,  
PERSONAL LINES UNDERWRITING DEPARTMENT