

Complete A Supplemental Application For Each Location

Insured Information

Insured Name:

Policy Effective Date:	Contact:	Phone:		
Inspection Contact:	Inspection Contact Phone:	Inspection Contact Email:		
Location Address:	City:	State:	Zip:	

1. During the past five years any filings regarding bankruptcy, foreclosure, or receivership? Yes No
2. Is the developer to be insured on the policy? Yes No
3. Does the developer control the association board? Yes No
4. Does the developer own 40% or more of the units? Yes No

Location Information

1. Rentals %: _____
Do vacation rentals comprise more than 15% of the total occupancy? Yes No
2. Student, Subsidized Housing, or Shelter exposure? Yes No
3. Co-ops / Timeshare exposure? Yes No
4. Assisted Living, Nursing Home, or Group Home Exposure? Yes No
5. Age restrictive covenants? Yes No
6. Is risk a condotel? Yes No
7. Airstrip? Yes No
8. Is demolition scheduled or contemplated? Yes No
9. Any ongoing construction or renovation? Yes No
10. Any unrepaired property damage? Yes No
11. Builder's Risk exposure? Yes No
12. Any firework storage or sales? Yes No
13. Does the risk meet NFPA Life Safety Guidelines? Yes No
14. Clubhouse square footage if rented for a fee to non-unit owners _____ N / A
15. Utility services provided or maintained by the association? Yes No
16. Are non-residents permitted to use amenities? Yes No
17. Any knob and tube, fuses, aluminum wiring, and/or Federal Pacific Breakers? Yes No
18. All electrical wiring on circuit breakers with a minimum of 100AMP service? Yes No
19. All plumbing PVC or copper? Yes No
20. Elevator? Yes No
If Yes – Regularly inspected and serviced by an insured contractor? Yes No
21. Does the association own more than 10 acres of lakes / ponds? Yes No
22. Any Exterior Insulation Finishing System (EIPS)? Yes No
If Yes _____ %

23. Building over two stories? Yes No
 If Yes – At least two means of egress from each unit? Yes No
24. Armed security employees or subcontractors on premises? Yes No
25. Unarmed security subcontractor on premises? Yes No
 If Yes – Subcontractor required to carry a minimum of \$1M/\$2M General Liability limits and full Assault & Battery coverage with the insured named as an additional insured and held harmless? Yes No

Complete This Section For Water Hazards

# Swimming Pools:	# Spas / Hot Tubs:	# Boat Docks or Slips:	# Fishing Piers:	Acres of Lakes / Ponds:
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1. Fenced with self-closing and self-locking gates at all entrances/exits? Yes No N/A
2. Appropriate signage for exposure (e.g. No Lifeguard, No Diving, Pool Rules, etc.)? Yes No
3. Clearly marked depth indicators? Yes No
4. Adequate safety equipment that is easily accessible? Yes No
5. Non-slip surfaces on all decks and ladders? Yes No
6. Proper maintenance including water testing? Yes No
7. Pool & Spa Safety Act guidelines met and maintained? Yes No
8. Diving boards or waterslides? Yes No
9. If swimming is allowed in a lake, the swimming area is clearly marked off by buoys and ropes? Yes No N/A
10. If standalone spa or hot tub exists without self-closing and self-locking gates, is it covered when not in use? Yes No N/A

Other Exposures

# Health or Exercise Facilities:	# Parks or Playgrounds:	# Sporting Courts or Baseball Diamonds
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Miles of Streets, Roads, Highways, or Bridges (existence hazard only):

Describe any other amenities or exposures:

Hired And Non-Owned Auto Liability Coverage Needed? Yes No

1. Owned autos? Yes No
2. Autos on a long-term lease? Yes No
3. Autos titled in the insured's name? Yes No

Fraud Warning Statements

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent statement for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Fraud Warning Statements, continued

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant's Warranty Statement: The applicant represents and warrants that the information provided in this Application, and any amendments or modifications to this Application are true, correct, and complete, and that no material facts have been misstated in this Application or concealed. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. Completion of this Application does not bind coverage. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

Signatures

I have reviewed this application for accuracy before signing it. As a condition for coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated.

Applicant's Signature:	Date:
Applicant Name's (Please Print):	Title:
Producer's Signature:	Date:
Producer's Name (Please Print):	Title: