

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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2. Appropriate signage for exposure (e.g. No Lifeguard, No Diving, Pool Rules, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Clearly marked depth indicators?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Adequate safety equipment that is easily accessible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Non-slip surfaces on all decks and ladders?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Proper maintenance including water testing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Pool & Spa Safety Act guidelines met and maintained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Diving boards or waterslides?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. If swimming is allowed in a lake, the swimming area is clearly marked off by buoys and ropes?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
10. If standalone spa or hot tub exists without self-closing and self-locking gates, is it covered when not in use?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

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 ☐

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| 1. Owned autos? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Autos on a long-term lease? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Autos titled in the insured's name? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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