

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:
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

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

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: