

Condominium, Homeowner and Townhouse Association Supplemental Application

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____
Location _____
Address(es): _____
Website Address: _____

GENERAL INFORMATION

1. Number of buildings:
 - a. Year the building(s) was built:
 - b. When were major building components last updated (e.g., electrical, plumbing, roofing)?
 - c. Number of stories:
2. Total number of units: _____ Number of units per building: _____
3. Are you a master association (i.e., an association over multiple, separate associations)? Yes No
4. Are you a timeshare association? Yes No
5. Are units owned under a cooperative? Yes No
6. Has a building been converted to current use from another occupancy? If yes: Yes No
 - a. Describe prior use and the date the conversion was completed:
7. Does the developer or a general contractor of your association's property serve on your association's Board of Directors? Yes No
8. Is the developer or a general contractor of your association's property listed as a named insured on your insurance? Yes No
9. Is your association involved in construction or development of units or lots? Yes No
10. How many units (or lots) are:

Owned by your association?	Non-owner occupied?	
Incomplete/undeveloped?	Vacant?	In foreclosure?
11. Do you have an annual budget? Yes No
12. Have you levied any special assessments in the past three years? Yes No
13. Do you use the services of a third-party property manager? If yes: Yes No
 - a. Does the real estate property management company require that they be listed as a named insured on your insurance policy? Yes No
14. Do you require contractors to provide evidence of insurance before commencing any work for your association? Yes No
15. What is the square footage of commercial space leased to others?* N/A Sq. ft.

USE AND OCCUPANCY OF PREMISES

1. Is there a well or septic tank on your property? If yes: Yes No
 - a. Are they maintained by an insured, outside contractor? Yes No
 - b. How often are they tested?
2. Have you had a backup of sewage in the past 12 months? Yes No
3. Do you have land used as a garbage dump or landfill? Yes No

4. Do you have a private airport? Yes No
5. Do you have a private water treatment facility (not city-connected)? Yes No
6. Are there any outstanding building code violations? Yes No

SAFEGUARDS AND SECURITY

1. Do you allow the use of grills or other cooking appliances on balconies? Yes No
2. Are pets allowed? If yes: Yes No
- a. Do you have a written pet policy? Yes No
- b. Does the policy prohibit aggressive or dangerous dog breeds? Yes No
- c. Does the policy require all dogs to be leashed while on common grounds other than fenced, designated off-leash areas? Yes No
3. What fire safeguards do your buildings have?
- Smoke detectors in common areas Central station fire alarm 100% Sprinklered
- Smoke detectors in all individual units Other:
4. Are all individual units equipped with operational smoke detectors? If yes: Yes No
- Hardwired Battery
5. If a building has gas utilities, are all units equipped with carbon monoxide detectors? If yes: Yes No
- Hardwired Battery
6. If a building has window bars, are all bars equipped with a functioning, quick-release latch? Yes No
7. Is there a tornado shelter on the premises? If yes: Yes No
- a. Can it accommodate all residents? Yes No
8. Do all buildings and parking areas have outdoor lighting? Yes No
9. Are buildings equipped with:
- a. Aluminum wiring Yes No
- b. Knob and tube wiring? Yes No
- c. Removable electrical fuses? Yes No
- d. Federated Pacific brand circuit breakers? Yes No
10. What type of premises security do you have?
- None Neighborhood Watch Group Employed Security Guards
- Contracted Security Guards Alarm monitoring Other:
- a. If any security guards, are they armed? If yes, describe: Yes No
- b. If contracted security guards, do you collect certificates of insurance evidencing that such guards carry professional liability insurance? Yes No

AMENITIES AND ADDITIONAL EXPOSURES

1. Do you have athletic fields or courts? Yes No
- a. If yes, how many?
2. Do you have boat docks or slips? Yes No
- a. If yes, what are the gross sales?
3. Do you have coin-operated laundry machines? Yes No
- a. If yes, what are the gross sales?
4. Do you have community recreational facilities? Yes No
- a. If yes, what is the total square footage?
- b. If yes, are these facilities open to non-residents for a fee? Yes No
5. Do you have dams, levees or dikes? Yes No
- a. If yes, describe. (e.g., Class I Dam, height)
6. Do you have ponds, lakes, reservoirs or other bodies of water? Yes No
- a. If yes, how many and what acreage for each?

- 7. Do you have parks or playgrounds? Yes No
 - a. If yes, how many?
- 8. Do you have private indoor parking? Yes No
 - a. If yes, what is the total square footage?
- 9. Do you have private storage or storage buildings for unit owners? Yes No
 - a. If yes, what is the total square footage?
- 10. Do you have stables, horse riding trails or riding arenas? Yes No
 - a. If yes, what payroll applies to operate and maintain them?
- 11. Do you have private streets, roads or bridges? Yes No
 - a. If yes, how many miles of roads?
- 12. Is there a swimming pool or beach exposure?* Yes Yes
- 13. Do you operate a restaurant, bar or tavern?* Yes Yes
- 14. Do you hold any special events?* Yes Yes
 - a. If yes, are any events open to the general public? Yes Yes

***This exposure requires the completion of an additional supplemental application.**

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature	Date
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