

CONDOMINIUM ASSOCIATION GENERAL LIABILITY APPLICATION

Submission Requirements:

Three years of hard copy company loss runs plus current year

Named Insured: _____

DBA (if applicable) _____

Street address of complex: _____

Mailing address: _____

City _____ State _____ Zip _____

Contact Person: _____ Phone number: _____

Fax # _____ FEIN # _____ SIC Code: _____

Email address: _____ Website: _____

AUTOMOBILE COVERAGE PART

Are any vehicles used for transportation for resident to and from areas of interest? Yes No

If yes, provide details : _____

Hired and Non-Owned coverage only? Yes No

If no, please attach Acord Auto Application

GENERAL LIABILITY COVERAGE PART

General Information:

1) Percentage of owner occupied units? _____

2) Number of time shares: _____

3) How many units are used as short term rental properties (i.e. less than one year) _____

4) If any units are non-owners occupied, does the association require utilization of standard lease Agreement requiring tenant to obtain liability insurance naming the Association as an additional

B) Insured? Yes No

5) Does Association require and maintain certificates for each Unit Owner as proof of Individual Liability Insurance? Yes No

If yes, what is the minimum Limit of Liability required? _____

6) Is there 24-hour guard services? Yes No

7) Is this a gated community? Yes No

How is it accessed? _____

C) 8) Are fire doors equipped with panic hardware? Yes No

9) Are hard-wired smoke alarms required in every unit? Yes No

In common areas? Yes No

10) Are hallways and stairwells: Open or enclosed?

11) Number of exits per building: _____

How are they illuminated? _____

Slip and Fall

1) Does a maintenance person walk around the premises and ensure there are no hazards (i.e. after it rains, is the floor mopped up and sign posted as warning)? Yes No

2) Are rugs placed flatly on the ground? Yes No

3) Is skateboarding prohibited? Yes No

Are signs posted? Yes No

Swimming Pools Not applicable

1) Is there a written and enforced maintenance schedule to check all life safety features daily?

Yes No

Who is responsible for performing the daily maintenance? _____

2) How many adult pools are present? _____

How many kiddie pools are present? _____

3) Are pools completely fenced? Yes No

Is a self-locking / latching gate present? Yes No

Are all self-locking / latching pool gates in proper working order? Yes No

D) 4) Is a spa or whirlpool located in the same fenced area? Yes No

Signs posted regarding health risks to elderly, intoxicated, and pregnant persons? Yes No

5) Is public access to the pool area controlled by a secure door or gate? Yes No

E) 6) Are all doors / gates leading to the pool area locked after pool hours have ended? Yes No

7) What are the hours of operation? _____

Are they posted? Yes No

8) Are "Swim at your own risk" signs posted? Yes No

9) Lifeguard on duty during posted hours? Yes No

Are lifeguards your employees or are they subcontracted? Yes No

If subcontracted, do you require and maintain a current certificate of insurance? Yes No

10) Number of diving boards: _____

11) Number of sliding boards: _____

12) Is depth Marking posted in and around the pool area? Yes No

Playgrounds

1) What is the surface under the equipment? _____

Amenities:

1) Number of Tennis courts _____

2) Number of Volleyball courts _____

3) Number of basketball courts _____

4) Clubhouse? Yes No

What is the clubhouse used for? _____

5) Walking or biking trails? Yes No

How many miles? _____

F)

6) Are streets: Private or Public?

7) Any golf courses or Driving ranges? Yes No

8) Any lakes or ponds? Yes No

How large? _____

How deep? _____

Is boating, fishing or swimming allowed? Yes No

Are signs posted prohibiting these? Yes No

Any bathing beaches? Yes No

9) Exercise/weight room? Yes No

Supervised? Yes No

What equipment is in exercise/weight room: _____

General Liability Rating Section

Limits:

General aggregate \$ _____

Products & Completed operations \$ _____

Personal & Advertising Injury	\$	_____
Each Occurrence	\$	_____
Fire Damage (any one fire)	\$	_____
Medical Expense (any one person)	\$	_____
Employee Benefits	\$	_____

Exposure Information:

A)	<u>Location #</u>	<u>Classification</u>	<u>Class Code</u>	<u>Premium basis</u>	
	_____	Swimming Pools	48925	Number	_____
B)	_____	Condominiums-Residential	62003	# of units	_____
	_____	Lakes or Ponds	45524	# of each	_____
	_____	Private Streets/Roads	48727	# of miles	_____
	_____	Parking Garage	46622	Square feet	_____
	_____	Clubhouse	41668	Square feet	_____
	_____	Parks or Playgrounds	46671	# of each	_____

UMBRELLA COVERAGE PART

Limit of Liability : \$ _____

Underlying Insurance:

	<u>Limit</u>	<u>Carrier</u>	<u>Effective date</u>
Auto Liability:	\$ _____	_____	_____
General Liability:	\$ _____	_____	_____
Employers Liability:	\$ _____	_____	_____

The applicant warrants that all answers to the question on this application are true and correct. Any Person who knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact hereto, commits a fraudulent insurance act, which is a crime.

Signature of applicant _____

Title _____

Date _____

PRIOR CARRIER INFORMATION

General liability

	<u>Current Year</u>	<u>Previous Year</u>	<u>Prior Year</u>	<u>Prior Year</u>
Carrier	_____	_____	_____	_____
<u>Limits:</u>				
General aggregate	_____	_____	_____	_____
Products & Completed operations	_____	_____	_____	_____
Personal & Advertising Injury	_____	_____	_____	_____
Each Occurrence	_____	_____	_____	_____
Fire Damage (any one fire)	_____	_____	_____	_____
Medical Expense (any one person)	_____	_____	_____	_____
Employee Benefits	_____	_____	_____	_____
<u>Premium:</u>	_____	_____	_____	_____

<u>Prop or GL</u>	<u>Description of loss</u>	<u>Amount Paid</u>	<u>Amt Reserved</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____