

Homeowners Association Supplemental Application

A. General Liability

1. Name of the Association: _____
2. Address: _____

3. Total Number of Homes: _____
Number of Buildings in Complex: _____
4. Year the homes were built: _____
5. Are the units all owner occupied? Yes No
If no, please answer the following: Yes No
What % are rentals? _____ %
Percentage long term (more than 30 days)? _____ %
Percentage short term (less than 30 days)? _____ %
Who handles the rentals? The Association Unit Owner Other _____
Does the Association receive revenue from the rentals? Yes No
If yes, list annual revenue: \$ _____
Does the Association provide maintenance to rental units? Yes No
6. Is the association responsible for streets and roads? Yes No
How many miles? _____
7. Is there a clubhouse? Yes No
What is the square footage? _____
8. Is there a restaurant or lounge? Yes No
9. Is there a golf course? Yes No
10. Is there a stable? Yes No
Are there horse rentals? Yes No
11. Number of playgrounds on premises? _____
12. When were the buildings constructed? _____
If over 25 years old, date the electric was updated? _____
If over 25 years old, date the roof was updated? _____
If over 25 years old, date the plumbing was updated? _____
PROOF OF UPGRADES MUST BE PROVIDED IF BOUND.
Construction Class: _____
13. Does the association have a swimming pool? Yes No
Number of pools? _____
Is the pool fenced with a self-closing, self-latching gate? Yes No
Is there a diving board or slide? Yes No
Is there a lifeguard? Yes No
What are the pool hours? _____
What additional recreational facilities are offered by the association? Yes No

14. Is there a security guard on the premises? Yes No
 If yes, is the guard armed? Yes No
 Are security service providers used? Yes No
 Are certificates secured? **(must provide)**..... Yes No
 Name of the security service? _____
15. Is this a gated community? Yes No
 What hours are the gates manned? _____
16. Are parking lots/garages enclosed or open air? Yes No
17. Are there docks, slips, or piers owned or controlled by the association? Yes No
 Number of slips, docks or piers? _____
 Description of docks/piers? _____
18. Are certificates of insurance required of outside service providers? Yes No
 What limits of liability are required: _____

COI and endorsement MUST be provided within 15 days of binding by all Commercial Tenants and Independent Contractors naming the Association as an additional insured if coverage is bound.

19. Are business pursuits other than association business conducted from the premises? Yes No
 Please explain if yes - _____

20. Have there been any losses involving violent crimes? Yes No
 Please explain if yes - _____

21. What is the projected revenue of the association? _____
22. Is there a sewage treatment plant owned or controlled by the association? Yes No
 Is it operated by an outside contractor? Yes No
 Are certificates of insurance secured? Yes No
 What limits are required? _____
 Do you require them to name you as an additional insured? Yes No
 Name of sewage treatment plant operator? _____
 Is sewage treatment plant completely fenced? Yes No
23. Are there any signed contracts for services of any kind from a law enforcement agency (police or sheriff) or municipality? Yes No
 If so, please list. _____

B. Non-owned & Hired Automobile

1. Do any employees regularly use their automobiles in your business? Yes No
 Do you (as an employer) require employees to maintain adequate limits of liability of at least \$100,000/\$300,000 B.I., \$100,000 P.D. or a CSL of \$400,000? Yes No
2. Explain the type of controls you maintain? _____

3. Any losses? Yes No
 Explain - _____

C. Equipment Coverall (Boiler & Machinery Coverage)

- 1. What is the 100% building replacement value? _____
- 2. Is there a boiler/water heater that requires state certificates? Yes No
State number of objects - _____
- 3. Is the equipment that services the building over 10 years old? Yes No
- 4. Do they have central facilities for the heating and air? Yes No

D. Umbrella

- 1. What limit would you like quoted? _____
- 2. Does the association have paid employees? Yes No
Number of paid employees? _____
- 3. Is a Workers Compensation policy in effect? Yes No
What company is providing coverage? _____
Policy period? _____
Employers Liability Limits? (must be at least \$500/500/500) _____
- 4. Is there a D&O policy in effect? Yes No
What limit? _____ (must be at least \$2mil to be included in the underlying)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECIEVE ANY INSURER, FILES A STATEMENT OF CLAIM OR APPLICATION CONTATING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Applicant Signature: _____