

Agency Name:  
Address:  
Contact Name:  
Phone:  
Fax:  
Email:

## Condominium/Homeowners Association Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_  
\_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_  
\_\_\_\_\_ Web Address \_\_\_\_\_  
\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_ to \_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_  
Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_  
Location #2 \_\_\_\_\_  
Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Number of Single Family Units \_\_\_\_\_ Condominium / Townhouse Units \_\_\_\_\_
2. % Owner Occupied \_\_\_\_\_ % Tenant Occupied \_\_\_\_\_
3. Number of stories (over 7 stories, submit) \_\_\_\_\_ Construction \_\_\_\_\_
4. Age of buildings \_\_\_\_\_ Total Square Footage \_\_\_\_\_
5. Does Developer retain any interest in the Association? .....  Yes  No  
If yes, **submit**.
6. Number of miles of streets the Association maintains \_\_\_\_\_  
If over 5 miles, **submit**.
7. Year of latest update: Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ Wiring \_\_\_\_\_  
If aluminum wiring verify all outlets are pigtailed. \_\_\_\_\_
8. Surrounding area:  Improving  Stable  Declining
9. Security:  
Does the Association employ security guards? .....  Yes  No  
If yes, are the guards independent contractors or employees of the association? \_\_\_\_\_  
If guards are independent contractors a certificate of insurance must be obtained from the service.  
If guards are employees of the association rate separately; Basis of premium is total payroll. **Submit** for armed guards.
10. Does the association provide drinking water to members? .....  Yes  No  
If yes, **attach** a completed Rural Water Company Supplemental Application, S370s.

**RECREATIONAL FACILITIES**

Complete for swimming pools or lakes:

**POOLS**

Number of Pools \_\_\_\_\_

Is pool fenced from all units? .....  Yes  No

If no, **submit**.

Are there self-locking gates? .....  Yes  No

Does the pool have depth markers? .....  Yes  No

Are rules posted? .....  Yes  No

Is there lifesaving equipment in place? .....  Yes  No

Is there a lifeguard? .....  Yes  No

Is there a diving board? .....  Yes  No

Is there a slide? .....  Yes  No

If yes, what is the height? \_\_\_\_\_

(If over 1 meter, **submit**.)

Does association sponsor a swim or dive team? .....  Yes  No

If yes, **submit**.

**PONDS/LAKES**

Number of lakes/ponds? \_\_\_\_\_ Number of acres: \_\_\_\_\_ Max. depth of water: \_\_\_\_\_

Is the lake fenced? .....  Yes  No

If no, are rules posted concerning use at your own risk? .....  Yes  No

If no, **submit**.

Is swimming allowed? .....  Yes  No

If yes, are signs posted swim at your own risk? .....  Yes  No

If no, **submit**.

Any diving platforms? .....  Yes  No

If yes, **submit**.

Any docks or piers? .....  Yes  No

If yes, signs must be posted no jumping or diving allowed.

Any watercraft rental? .....  Yes  No

If yes, describe number and type. \_\_\_\_\_

A rental agreement with a hold harmless agreement must be used.

Any water skiing or jet ski allowed on lake? .....  Yes  No

If yes, **submit**.

**ADDITIONAL EXPOSURES**

1. Describe playground equipment (e.g. fenced condition, height, etc.) \_\_\_\_\_

2. Complete the number of the following:

Volleyball Courts \_\_\_\_\_

Tennis Courts \_\_\_\_\_

Basketball Courts \_\_\_\_\_

Baseball Fields \_\_\_\_\_

Parks (acres) \_\_\_\_\_

Clubhouse (sq. ft.) \_\_\_\_\_

Biking Trails (miles) \_\_\_\_\_

Jogging Trails (miles) \_\_\_\_\_

Exercise Facilities \_\_\_\_\_

**COMMERCIAL PROPERTY**

(Please provide complete information for each insured location. **Attach** separate sheet, if necessary.)

BUILDING INFORMATION	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			
ALARM	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	___ Roof ___ Plumbing ___ Wiring ___ Heating	___ Roof ___ Plumbing ___ Wiring ___ Heating	___ Roof ___ Plumbing ___ Wiring ___ Heating

**LIMITS & COVERAGE – PROPERTY**

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	___%	\$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)	\$ _____	\$ _____	\$ _____
BPP	___%	\$ _____			\$ _____	\$ _____	\$ _____
BUSINESS INCOME	___% or Monthly Limit \$ _____	\$ _____			\$ _____	\$ _____	\$ _____
SIGNS (DESCRIBE) _____					\$ _____	\$ _____	\$ _____
TOTAL LIMITS					\$ _____	\$ _____	\$ _____

**ADJACENT EXPOSURES**

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

**CONTRIBUTING INSURANCE**

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS
_____	___	___
_____	___	___
_____	___	___

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ \_\_\_\_\_

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ \_\_\_\_\_

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ \_\_\_\_\_

EACH OCCURRENCE \$ \_\_\_\_\_

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ \_\_\_\_\_

MEDICAL EXPENSE (ANY ONE PERSON) \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		

Has the applicant been cancelled or non-renewed in the last three years? .....  Yes  No

If yes, Explain. \_\_\_\_\_

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to 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. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date