

CONDOMINIUM/HOMEOWNERS ASSOCIATION
SUPPLEMENTAL APPLICATION



(Complete in addition to Acord Application)

Agency Name: _____ Agency Number: _____

Policy Period Effective From: _____ To: _____

Applicant's Name: _____ Date: _____

Address: _____

(No., Street, County, State, Zip Code)

Please check one of the following to indicate the association type:

- TOWNHOUSE ASSOCIATION HOMEOWNERS ASSOCIATION CONDOMINIUM ASSOCIATION
- COMMERCIAL ASSOCIATION OTHER (refer to underwriter): _____

BUILDING(S)

Year built: _____ How long owned/managed by applicant? _____

Give date of updating for: Electrical Wiring: _____ Roof _____ Heating/AC _____ Plumbing _____

Construction _____ Number of Buildings _____ Number of Stories _____ Number of Units _____

Square footage of Clubhouse, including Exercise Room: _____

Is the clubhouse rented to others (including association members) by the association? Yes No

If 'Yes', please describe: _____

Any elevators? Yes No If Yes, provide full details of service contract under 'Other Comments' on page 3.

LIFE SAFETY

1. Smoke detectors in all areas including common areas? Yes No
If 'Yes', are they Hard Wired or Battery Operated
2. Central Fire Station Alarms? Yes No
3. Sprinklers? Yes No
If 'Yes', indicate percentage: _____

COASTAL EXPOSURES

1. What is the exact straight line distance to the nearest body of water such as ocean, gulf, bay, etc.? _____
2. Is this property eligible for the state windstorm pool? Yes No
3. Any wind breaks between the water and applicant's property? Yes No
If 'Yes', explain: _____
4. Provide full information on any marina exposure: _____

UNIT OCCUPANCY

1. Please check one of the following regarding rental units:
 No Rentals Rental handled by individual unit owners _____ %
 Rental handled by the Association _____ % Rental handled by property managers _____ %

What is the percentage of owner occupied units? _____ What is the # or % of unsold units? _____

Are any of the units on time share? Yes No If 'Yes', what is the # or % of units on time-share? _____

RECREATIONAL

Describe any recreational facilities (i.e., playgrounds, trails, special events, parks and sports related areas) : _____

POOLS, SPAS, LAKES, ETC.

1. Indicate the number of: Pools _____ Spas _____ Jacuzzis _____ Lakes _____
Does each pool have:
a. Fence and self-latching gates? Yes No
If 'Yes', describe fence: _____
b. Depths marked? Yes No
c. Diving board or slides? Yes No
d. Lifeguards? Yes No
e. Posted "Swim at your own risk"? Yes No
f. Life saving equipment available? Yes No
If 'No' to a. through f. above, provide details: _____
2. Are any lake or ponds adjacent to or near the property? Yes No
If 'Yes', please answer the following:
a. Number of acres in each lake or pond _____
b. Existence hazard only Yes No
c. Swimming, fishing or boating allowed Yes No
d. Is lake or pond fenced? Yes No
If 'No', are signs posted? Sign wording: _____ Yes No
If 'Yes' to b. through d. above, provide details: _____

OTHER EXPOSURES

Do any of the following ancillary exposures exist:

1. Restaurant or Club? (Must have ansul system) Yes No If Yes, Is liquor served or sold? Yes No
Are restaurants/clubs operated by: Association Lessee
If operated by the Association, indicate receipts from: Food: _____ Liquor sales: _____
2. Retail Stores? Yes No
Are retail stores operated by: Association Lessee
If operated by the Association, indicate receipts: _____
3. Convenience Stores? Yes No
Are convenience stores operated by: Association Lessee
If operated by the Association, indicate receipts: _____

UTILITIES, STREETS/ROADS & DEVELOPER INTEREST

1. Are utilities supplied by: Public Utilities? or Private Utilities?
If private, please describe: _____
2. Any water/sewage treatment or disposal facilities? Yes No
3. Number of miles of streets/roads (less than 20 miles): _____
4. Indicate percentage of developer interest: _____%
 Developer sits on board of directors Developer not on board of directors
5. Any vacant land owned by the Association? Yes No
If 'Yes', provide details: _____
6. Any remodeling or updating planned in the next 12 months? Yes No
If 'Yes', provide details: _____

SECURITY

1. Please describe security of premises:
 No security Gated Security or Patrols Unarmed security (**Note: No** armed security or dogs permitted)
2. If unarmed security, indicate if:
 Employed Subcontracted – certificates not required Subcontracted – certificated required
Please provide details: _____

3. Please provide full information on maintenance and subcontractor work: _____

PRIOR CARRIER INFORMATION – PREVIOUS THREE YEARS

	Year:	Year:	Year:
Carrier Name, Policy # & term			
Limits/Coverage			
Premium			

LOSS HISTORY – PREVIOUS FIVE YEARS

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open/Closed)

OTHER COMMENTS

Please return to:

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued.

 Applicant's Signature Date Agent's Signature Date