

## Homeowners, Townhome & Condominium Association Supplemental Application

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

**Instructions:** All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

### Section I – Applicant Information

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website Address: \_\_\_\_\_

Type of Association:     Townhouse Association     Homeowners Association     Condominium Association  
 Commercial Association     Other (describe): \_\_\_\_\_

### Section II – General Information

#### Management:

- Please indicate, who manages the property?  
 Self-managed     On-site property management firm     Off-site property management firm  
 Developer     Other: \_\_\_\_\_
- Does the Applicant contract with an independent professional management?  Yes  No  
**If YES, does the management company request the applicant include them as additional insured?**  Yes  No

**If YES, please provide the following:**

Name of Management Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

- If off-site management, indicate frequency of site visits:  
 At least weekly     Monthly     Other: \_\_\_\_\_

#### Occupancy:

- Please provide the following information:  
Total number of units: \_\_\_\_\_  
Single-family homes: \_\_\_\_\_    Townhomes: \_\_\_\_\_    Condos: \_\_\_\_\_  
Rental units: \_\_\_\_\_    Commercial condos: \_\_\_\_\_    Time-shares: \_\_\_\_\_  
Any vacant/unsold units? # \_\_\_\_\_    Details: \_\_\_\_\_  
Any bank-owned units? # \_\_\_\_\_    Details: \_\_\_\_\_  
Any developer-owned units? # \_\_\_\_\_    Details: \_\_\_\_\_  
Any student-occupied units? # \_\_\_\_\_    Details: \_\_\_\_\_
- Are Tenants provided with written statement of community policies and rules?  Yes  No
- Are unit owners required to maintain individual liability insurance (HO6)?  Yes  No  
**If YES, what is the minimum limit of liability required:**  
 \$300,000     \$500,000     \$1,000,000     Other: \_\_\_\_\_
- Does the Applicant have any rental units?  Yes  No  
**If YES, who handles the rentals?** \_\_\_\_\_  
 The Association     Unit Owner     Other: \_\_\_\_\_

## Section II – General Information (continued)

5. Does the Association receive any revenue from the rentals?  Yes  No  
If YES, list annual revenue: \$ \_\_\_\_\_

Yes  No

6. Is there any commercial/retail space?

Yes  No

If YES, complete the information below:

Total area of commercial/retail space: \_\_\_\_\_ sq. ft. # of commercial units: \_\_\_\_\_ # of retail units: \_\_\_\_\_

### Building Information:

1. Please provide the following information:

# of buildings \_\_\_\_\_ # of total units: \_\_\_\_\_ # of stories: \_\_\_\_\_ Average unit value: \$ \_\_\_\_\_

2. Please indicate construction type:

Frame  Joisted Masonry  Non-combustible  Fire Resistive

3. When were the buildings constructed? \_\_\_\_\_

If over 25 years old, what was the date of last update? \_\_\_\_\_

Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating/AC: \_\_\_\_\_ Roof: \_\_\_\_\_

4. Are there any development and/or construction operations contemplated or in progress?  Yes  No

If YES, provide details:

### Fire Protection & Alarms:

1. Is the complex in compliance with all applicable state and local statutes governing safety devices?  Yes  No

2. Are there smoke detectors in common areas?  Hardwire  Battery  Yes  No

3. Are there smoke detectors in each unit?  Hardwire  Battery  Yes  No

a. If hardwired, are alarms tied to a central station?  Yes  No

b. If battery, is there a written procedure for routine inspection and replacement?  Yes  No

4. Does the Applicant have a sprinkler system?  Yes  No

If YES, area of coverage?

Entire Building  Units  Common Areas  Attic

Basement  Garage

5. Is sprinkler piping fully insulated in exterior walls and attic areas to prevent freezing?  Yes  No

6. Are sprinkler shut off valves marked and easily accessible?  Yes  No

7. Is the sprinkler system tested and inspected by a sprinkler contractors annually?  Yes  No

8. Was a formal winterization review done?  Yes  No

9. Are sprinklers tied to a 24-hour monitoring service?  Yes  No

### Means of Egress – Buildings over 3 stories:

1. Are interior stairways masonry-enclosed?  Yes  No

2. All interior stairwells equipped with self-closing fire doors on each floor?  Yes  No

3. Do all buildings/floors have clearly marked fire exits?  Yes  No

4. Emergency lighting provided in all common areas?  Yes  No

### Security:

1. Are interior stairways masonry-enclosed?  Yes  No

a. If YES, what type?  Gated access  Patrol

b. If gated community, what hours are the gates manned? \_\_\_\_\_

2. If patrol services are provided, please answer the following questions:

a. Are the guards:  Armed  Unarmed

b. Are the guards:  Employees  Independent Contractors  Off-duty Police

## Section II – General Information (continued)

3. If independent contractors are used:
- a. Applicant named as additional insured withhold harmless on security firm's policy?  Yes  No
  - b. Certificates of insurance obtained and maintained on file?  Yes  No
4. Are there any contracts for service of any kind from law enforcement agency (policy, sheriff or municipality)?  Yes  No

**If YES, provide details:**

5. Do you perform police background checks on all employees?  Yes  No
6. Do you have a written procedure for notifying tenants of any known or suspected criminal activity?  Yes  No
7. Do you have a written procedure for responding to tenant's complaints concerning safety-related issues?  Yes  No
8. Have there been any losses involving violent crimes?  Yes  No

**If YES, provide details:**

## Section III – Amenities and Recreational Activities

1. Please check all exposures and the number:
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Baseball field(s) _____       | <input type="checkbox"/> Basketball court(s) _____  | <input type="checkbox"/> Bathing Beaches _____     |
| <input type="checkbox"/> Bike Trails (miles) _____     | <input type="checkbox"/> Boat Slip(s) _____         | <input type="checkbox"/> Clubhouse (sq. ft.) _____ |
| <input type="checkbox"/> Health / Fitness Center _____ | <input type="checkbox"/> Lake / Ponds (acres) _____ | <input type="checkbox"/> Playground(s) _____       |
| <input type="checkbox"/> Private Airports _____        | <input type="checkbox"/> Racquetball court(s) _____ | <input type="checkbox"/> Restaurants _____         |
| <input type="checkbox"/> Sauna(s) _____                | <input type="checkbox"/> Spa / Hot tub(s) _____     | <input type="checkbox"/> Tanning Beds _____        |
| <input type="checkbox"/> Tennis court(s) _____         | <input type="checkbox"/> Volleyball court(s) _____  | <input type="checkbox"/> Other (describe): _____   |

2. Are there any pools on the premises?  Yes  No

**If YES, please answer the following questions:**

- a. Number of pools: \_\_\_\_\_
- b. Are there controlled hours of operation & use?  Yes  No
- c. Are all pools fenced with self-latching gates? Fence height: \_\_\_\_\_  Yes  No
- d. Are the depth markings clearly shown?  Yes  No
- e. Are warning signs and rules posted and clearly visible?  Yes  No
- f. Is rescue equipment, including ring buoy and shepherd's hook, available poolside?  Yes  No
- g. Are there any diving boards, water slides, diving platforms or similar equipment?  Yes  No

**If YES, provide details:**

- h. Are walking surfaces slip-resistant?  Yes  No
3. Are lifeguards provided?  Yes  No
- If YES, are lifeguards provided by:**  Applicant  Pool Management Company
4. If provided by pool management company, are they required to list you as an additional insured on their general liability policy?  Yes  No
5. Are all swimming pools, wading pools and hot tubs in compliance with Virginia Graeme Baker Safety Act?  Yes  No

## Section IV – Other Exposures

1. Any medical services provided or assisted living facilities?  Yes  No

**If YES, provide details:**

2. Is there a club house, meeting hall or similar facility?  Yes  No

**If YES, is it available for rental by association members?**

- Yes  No

3. Does the rental agreement include hold harmless wording in favor of the association?  Yes  No

4. Does the association hold any special events of any kind?  Yes  No

**If YES, provide details:**

5. Is there a restaurant or bar on the premises?  Yes  No

a. Are restaurants/clubs operated by:  Association  Lessee

b. If operated by association, indicate receipts from: Food: \$ \_\_\_\_\_ Liquor: \$ \_\_\_\_\_

6. Is there a lake or bodies of water on the premises?  Yes  No

**If YES, is there swimming allowed?**

- Yes  No

**If YES, are there rules posted concerning use at your own risk?**

- Yes  No

7. Are there docks, slips or piers owned or controlled by the association?  Yes  No

a. Number of docks, slips or piers: \_\_\_\_\_

b. Description of docks, slips or piers: \_\_\_\_\_

8. Is there any playground equipment on the premises?  Yes  No

a. If YES, please describe equipment: \_\_\_\_\_

b. How often is it checked for maintenance needs? \_\_\_\_\_

9. Is grilling on balconies permitted?  Yes  No

Charcoal  Propane  Other: \_\_\_\_\_

10. Any vacant land owned by the association?  Yes  No

**If YES, provide details:**

## Section V – Maintenance

1. Do you have written procedures for inspecting and maintaining of your premises?  Yes  No

2. Who performs building and/or site maintenance, service and repair?

a. Janitorial operations:  Employee  Independent Contractor  NA

b. Landscaping/lawn care operations:  Employee  Independent Contractor  NA

c. Snow & ice removal:  Employee  Independent Contractor  NA

c. General maintenance & repairs:  Employee  Independent Contractor  NA

e. Elevator service & repairs:  Employee  Independent Contractor  NA

3. If building and/or site maintenance, service and repair is done by an independent contractor:

a. Is Applicant named as additional insured withhold harmless on subcontractor's policy?  Yes  No

b. Are certificates of insurance obtained and maintained on file?  Yes  No

c. Are subcontractors required to carry general liability limits greater than or equal to the applicant?  Yes  No

4. Is the Association responsible for the roads?  Yes  No

**If YES, how many miles of roads?** \_\_\_\_\_

5. Does Applicant have Workers' Compensation coverage in force?  Yes  No

6. Does the Applicant lease any employees?  Yes  No

## Fraud Warning

**Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

**ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA:** 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

**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.

**DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA:** 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

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

**KANSAS:** 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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

**MAINE:** 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 denial of insurance benefits.

**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

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE and 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 and/or denial of insurance benefits.

## Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

### Applicant:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.**

Name of Producing Agency: \_\_\_\_\_

Signature of Producing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY**