



CONDOMINIUM OR HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

 Web site Address: _____

Agency Name: _____
 Agent: _____
 Address: _____

 E-mail: _____
 Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Limits Of Liability And Deductible Requested:

| | |
|--|----|
| 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) | \$ |
| Limited Sports Participants Liability | \$ |
| Other Coverages, Restrictions and/or Endorsements: | \$ |
| Deductible | \$ |

1. **Years in business:** _____
2. **Is there any development and/or construction operations contemplated or in progress?**..... Yes No
 If yes, explain: _____

3. Is the builder or developer a member of the board of directors for the association? Yes No
4. How many units are in the name of or owned by the builder or developer? _____
5. Is association membership voluntary? Yes No
 If yes: How many unit owners are association members? _____
 How many non-association units are within the boundaries of the association? _____
6. Number of units: _____ Single family homes: _____ Townhomes: _____ Condos: _____
 Commercial condos: _____ Time-shares: _____
7. How many of the units have not been sold? _____
8. How many units are rented to others (not owner occupied)? _____
 If units are rented to others, does the Association control the rentals? Yes No
 If yes, are any units rented on a daily, weekly or monthly basis? Yes No
9. Number of stories: _____
 Sprinklered? Yes No
 Fire resistive? Yes No
10. Total number of employees: _____
11. Does applicant lease employees? Yes No
12. Does applicant subcontract any operations? Yes No
 If yes:
 a. Description of operations subcontracted? _____
 b. Annual cost of subcontracted work: _____
 c. Are all subcontractors required to carry General Liability and Workers Compensation Insurance? Yes No
 If yes, minimum General Liability limits required: _____
 d. Are certificates of insurance required from all subcontractors? Yes No
 e. Is applicant included as an additional insured on all subcontractors' policies? Yes No
 f. Do written contracts contain hold-harmless agreements in favor of the applicant? Yes No
 If no, explain when not required: _____
13. Any prior losses due to mold? Yes No
 If yes, has mold been completely remediated? Yes No
14. Does the association have an airport or airstrip? Yes No
15. Any waterworks/sewage treatment/disposal facilities? Yes No
 Describe in detail: _____
 If yes, is it maintained and operated by insured? Yes No
16. Any garbage dumps or landfills? Yes No
17. Is the association responsible for maintenance of the roads? Yes No
 If so, how many miles of road? _____
18. Any stables? Yes No
 If yes, advise payroll: _____
 Riding arenas? Yes No
 Jumps? Yes No
 Saddle animals for hire? Yes No

19. Is this a master association which provides group common areas for individual associations?.... Yes No

20. Does association include institutional members?..... Yes No

21. Number of:

| | | | |
|--------------------|--------------|---|-------------|
| Baseball fields | | **Lakes | _____ acres |
| Basketball courts | | Parks | _____ acres |
| Bathing beaches | | Playgrounds | |
| Bicycle Trails | _____ miles | Racquetball courts | |
| Boat docks/slips | | Restaurants/Lounges | |
| Boat ramps | | Saunas | |
| Boat rentals | | Shooting ranges | |
| Clubhouses | _____ sq ft. | Shuffleboard courts | |
| Convenience stores | | Spas/hot tubs | |
| *Dams | | Streets/roads | _____ miles |
| Diving rafts | | Tennis courts | |
| Horse Trails | _____ miles | Volleyball courts | |
| Ice skating | | * If applicable, complete Dam Questionnaire GLS-113 ** Is swimming allowed in the lakes?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | |

22. Number of swimming pools and/or wading pools? _____

Number of diving boards, diving platforms and/or pool slides: _____

Diving boards or platforms over one meter in height?..... Yes No

Equipped with self-closing and self-latching gates/doors?..... Yes No

Life-safety equipment available at poolside? Yes No

Lifeguards provided? Yes No

Pools completely surrounded by building walls or fence? Yes No

Slides over 10 ft. in height? Yes No

Warning signs and rules posted? Yes No

Are all swimming pools, wading pools, hot tubs and spas in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No

23. Any security guards on premises?..... Yes No

If yes, how many? _____ Are they armed or unarmed? _____

Does association directly employ guards? Yes No

If outside security guard service, are certificates of insurance required? Yes No

24. Does applicant have Workers Compensation coverage in force? Yes No

25. Any special events? Yes No

If yes, please describe: _____

26. Any sponsored athletic teams? Yes No

If yes, please describe: _____

27. Any other exposures which the association is responsible for?..... Yes No

28. Please attach any descriptive or advertising literature.

29. Additional Insured Information:

| Name | Address | Interest |
|------|---------|----------|
| | | |
| | | |
| | | |

30. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No
 If yes, please describe: _____

31. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri) Yes No
 If yes, explain: _____

32. Does applicant have other business ventures for which coverage is not requested?..... Yes No
 If yes, explain and advise where insured: _____

33. Prior Carrier Information:

| | Year: | Year: | Year: |
|----------------------------------|-------|-------|-------|
| Carrier | | | |
| Policy No. | | | |
| Coverage | | | |
| Occurrence or Claims Made | | | |
| Total Premium | | | |

34. Loss History:

| Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years. | | | | |
|---|---------------------|-------------|-----------------|-------------------------------|
| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

FRAUD WARNING: 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 subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO RHODE ISLAND APPLICANTS:

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.

FRAUD WARNING (Applicable in Tennessee, Virginia 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

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.