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:**

   Condominiums-commercial: _____ Condominiums-residential: _____ Cooperative housing: _____

   Single family homes: _____ Time-shares: _____ Townhomes/Townhouses: _____

   Other (describe): _____

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, how many units does the Association control the rental of? _____

   How many units are rented on a daily, weekly or monthly basis? _____

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

15. **Is this a community development that includes residential with commercial and/or institutional members?** ..... ☐ Yes ☐ No

16. **Does the association have an airport or airstrip?** ..... ☐ Yes ☐ No

17. **Any waterworks/sewage treatment/disposal facilities?** ..... ☐ Yes ☐ No

    Describe in detail: _____

    If yes, is it maintained and operated by insured? ..... ☐ Yes ☐ No

18. **Any garbage dumps or landfills?** ..... ☐ Yes ☐ No

19. **Is the association responsible for maintenance of the roads?** ..... ☐ Yes ☐ No

    If so, how many miles of road? _____

20. Any stables? ..... ☐ Yes ☐ No

If yes, advise payroll: _____

Riding arenas? ..... ☐ Yes ☐ No

Jumps? ..... ☐ Yes ☐ No

Saddle animals for hire? ..... ☐ 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? ..... ☐ Yes ☐ 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 federal Virginia Graeme Baker Pool and Spa Safety Act? ..... ☐ Yes ☐ No

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

If yes, how many? _____

a. Does association directly employ security guards? ..... ☐ Yes ☐ No

If yes: Number of unarmed guards: _____ Number of armed guards: _____

b. Does outside security guard service provide guards? ..... ☐ Yes ☐ No

If yes: Number of unarmed guards: _____ Number of armed guards: _____

c. Are certificates of insurance required from subconractor? ..... ☐ Yes ☐ No

d. Is applicant included as an additional insured on subcontractor's policy? ..... ☐ Yes ☐ No

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

25. **Any special events?** ..... ☐ Yes ☐ No

If yes, describe: _____

_____

26. **Any sponsored athletic teams?** ..... ☐ Yes ☐ No

If yes, describe: _____

27. **Describe any other exposures which the association is responsible for:** _____

_____

_____

28. **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, describe: _____

_____

31. **During the past three years, has any company canceled, 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. ☐ 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 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 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 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.