

Agency Name:
Address
Contact Name:
Phone:
Email:

Condominium/Townhouse/Homeowners Association Supplemental Application

Supplemental Application must accompany fully completed ACORD application or its equivalent.
All questions must be answered in full. All applications 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 _____

If multiple locations, please submit a supplemental application for each location

Location address _____

GENERAL UNDERWRITING INFORMATION

1. This is a: Condominium Association Townhouse Association Homeowners Association
2. Does the Developer retain any interest in the Association? Yes No
3. Does the association provide drinking water to members? Yes No
If yes, attach a completed Rural Water Company Supplemental Application, S370s
4. Are there any known aggressive dogs on premises and/or any prior incidents within the past 3 years involving aggressive animals? Yes No
If yes, provide details in the Note section below including corrective action
5. Is video surveillance (CCTV) installed on premises? Yes No
6. Does applicant specialize in assisted living? Yes No
7. Do any units have call buttons and/or pull cords? Yes No
8. Total number of Homeowners Association (HOA) residential units: _____
9. Total number of Condominium or Townhouse Association residential units: _____
 - a. Number of Units by Occupancy: Owner Occupied: ____% Tenant Occupied: ____% Vacant: ____%
Any units owned by the Association? Yes No # _____
Short Term Vacation Rental (< 3 months): Yes No # _____
Long Term or Timeshare Rental (> 3 months): Yes No # _____
If the total number of Long Term or Timeshare owned units is > 25% of total Association Units, provide the total gross receipts generated from the rental of these units: \$ _____
 - b. Building Characteristics:
Total number of buildings: _____ Maximum units per building: _____
Number of stories: _____ Construction: _____
Age of building(s): _____
Year of latest update: Roof: _____ Plumbing: _____ Wiring:* _____
*If aluminum wiring exists in any building verify all outlets have been pigtailed. _____

Building Characteristics (continued)

Are there any renovation or remodeling projects contemplated or ongoing? Yes No

Total cost of project: _____

Total duration of project: _____

Surrounding area: Improving

Stable

Declining

ASSOCIATION EXPOSURES AND AMENITIES

1. Any of the following recreational exposures: (check all that apply – provide details in Notes section below)

- Boat Docks, Ramps Or Slips: Ocean Access No Ocean Access _____ Total Number
- Boat Storage _____ Total Gross Receipts
- Clubhouse Member/Guest only _____ Number of Buildings
- _____ Public Rental _____ Total Gross Receipts
- _____ Total Square Foot Area
- Campground _____ Total Gross Receipts
- Equestrian Exposure: Stables with Service Stables w/o Service _____ # of Stalls
- Equipment Rental to Members or Guests (include type in Notes section below) _____ Total Gross Receipts
- Golf Course: Members and Guests only Public _____ Total Gross Receipts
- Parks, Playgrounds or Sport Courts _____ Total Number
- Restaurant/Snack Bar _____ Total Gross Sales
- Alcohol: Served BYOB
- Special Events: Member/Guest only Open to General Public _____ # of Events
- Trails: Biking Equestrian Hiking Recreational Vehicles _____ Total Miles

2. Any of the following water hazards: (check all that apply – provide details in Notes section below)

- Beach, Lake or Pond – with Designated Swimming Area _____ Total Linear Feet
- Diving boards, slides, or platforms, permanent or floating? Yes No
- Boats permitted (indicate maximum horsepower) or No restrictions _____ Max Horsepower
- Saunas, Spas or Hot Tubs _____ Total Number
- Kiddie Pool _____ Total Number
- Swimming Pool _____ Total Number
- Pool Slides or Waterslides < 30 Feet _____ Total Number
- Pool Slides or Waterslides > 30 Feet _____ Total Number

For any of the above checked exposure(s):

- Lifesaving equipment available? Yes No
- Lifeguard on duty? Yes No
- Signs posted? Yes No
- Rules including hours of operation posted? Yes No
- All pools, spas or hot tubs are Virginia Graeme Baker Pool & Spa Safety Act compliant? Yes No
- Swimming pools are in compliance with fencing, barrier or enclosure laws? Yes No
- And, or in absence of such laws, meet the following minimum requirements? Yes No
- Enclosed by a barrier at least 48 inches high, with a gap at the bottom that is no more than 4 inches, equipped with a self-closing, positive self-latching and locking mechanism maintained in working order at all times

3. Any of the following water existence hazards: (check all that apply – provide details in Notes section below)

- Beach – Existence Hazard Only – No Designated Swimming Area _____ Linear Feet
- Lake – Existence Hazards Only – No Designated Swimming Area _____ Total Acres
- Boats permitted (indicate maximum horsepower) or No restrictions _____ Max Horsepower
- Ponds – Existence Hazards Only – No Designated Swimming Area _____ Total Acres

For any of the above checked exposure(s):

- Lifesaving equipment available? Yes No
- No Swimming signs clearly posted? Yes No

4. Any of the following physical features: (check all that apply – provide details in Notes section below)

- | | | |
|---|-------|-------------------|
| <input type="checkbox"/> Airfield/Airstrip | _____ | Number |
| <input type="checkbox"/> Camper/RV Storage | _____ | Total Gross Sales |
| <input type="checkbox"/> Dam or Levee: <input type="checkbox"/> Maintained by Municipality <input type="checkbox"/> Maintained by Association | _____ | Total Number |
| <input type="checkbox"/> Indoor Parking Facility | _____ | Total Gross Area |
| <input type="checkbox"/> Reservoirs | _____ | Total Number |
| <input type="checkbox"/> Streets and Roads (in excess of 5 miles) – Maintained by the Association | _____ | Total Miles |

5. Any of the following services: (check all that apply – provide details in Notes section below)

- | | | |
|---|--|---------------|
| <input type="checkbox"/> Security Guards – Full or Part Time Employees: <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed | _____ | Total Payroll |
| <input type="checkbox"/> Security Guards – Independent Contractors | _____ | Total Cost |
| <input type="checkbox"/> Valet Parking: | <input type="checkbox"/> By employees <input type="checkbox"/> Subcontracted | |
| <input type="checkbox"/> Van Service or transportation for members or guests: | <input type="checkbox"/> By employees <input type="checkbox"/> Subcontracted | |

NOTES:

Please provide a narrative description of any exposures mentioned above, or other features not listed:

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, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: 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.

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.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 commercial or personal 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 commits a fraudulent insurance act.

Kentucky

Application Forms: 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.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

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

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: 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.

Ohio

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

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. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

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 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.

Producer's Signature

Date

Applicant's Signature

Date