

Condominium Or Homeowners Association General Liability Application

Applicant's Name	_____
Mailing Address	_____

Location	_____

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

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

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expense (any one person)	\$	
Other Coverages, Restrictions, and/or Endorsements		Total \$
Deductible	\$	

- A. **Years in business:** _____
- B. **Have all development and/or construction operations been completed?** Yes No
- C. **Is association membership voluntary?** Yes No
- D. **Number of units** _____ Single family homes _____ Townhomes _____ Condos _____
 Rental Units _____ Commercial Condos _____ Time-Shares _____
 If units are rented, does the Association control the rentals? Yes No
- E. **Number of stories:** _____ Sprinkled? Yes No
 Fire resistive? Yes No
- F. **How many swimming pools?** _____ Number of diving boards, pool slides, or diving platforms? _____
 Any diving boards or platforms over one meter in height? Yes No

- Any slides over 10 ft. in height? Yes No
- Are rules posted? Yes No
- Are pools fenced? Yes No
- Are gates self-closing and locking? Yes No
- Any lifeguards? Yes No

G. Number of:

Baseball parks		Basketball courts		Bathing beaches	
Boat docks		Boat ramps		Boat rentals	
Clubhouses	/ _____ sq ft.	Convenience Stores		*Dams	
Diving rafts		Ice Skating		**Lakes (no. of acres)	
Playgrounds		Private airports		Racquetball courts	
Restaurants/Lounges		Saunas		Shooting ranges	
Spas		Tennis courts		Volleyball courts	

* (If applicable, complete Dam Questionnaire GLS-113)

** Is swimming allowed in the lakes? Yes No

H. Does the association have an airport? Yes No

I. Any waterworks/sewage treatment/disposal facilities? Yes No

Describe in detail: _____

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

J. Any garbage dumps or landfills? Yes No

K. Is the association responsible for maintenance of the roads? Yes No

If so, how many miles of road? _____

L. How many parks? _____ Describe in detail: _____

How many trails? _____

M. Any horse trails or bike trails? Yes No

If yes, how many miles of trails? _____ Describe in detail: _____

N. Any stables? Yes No Riding arenas? Yes No

Jumps? Yes No Saddle animals for hire? Yes No

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

P. Does association include commercial and/or institutional members? Yes No

Q. 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

R. Total number of employees: _____

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

T. Does applicant lease employees? Yes No

- U. Any special events? Yes No
- V. Any sponsored athletic teams? Yes No
If yes, please describe: _____
- W. Any other exposures which the association is responsible for? Yes No
- X. Please attach any descriptive or advertising literature.
- Y. Does applicant have other business ventures for which coverage is not requested? Yes No
If yes, explain and advise where insured: _____

Previous Insurer and 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 See loss run attached

YEAR	COMPANY	POLICY NUMBER	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

- Z. Any prior losses due to mold? Yes No
If yes, has mold been completely remediated? Yes No

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.

APPLICABLE IN THE STATE OF 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.

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.

NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____

NAME AND PHONE NUMBER OF PERSON TO CONTACT FOR INSPECTION AND/OR PREMIUM AUDIT PURPOSES: _____

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.

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