



CONDOMINIUMS – RESIDENTIAL (ASSOCIATION RISK ONLY) APPLICATION

APPLICANT INFORMATION

NAME:	
MAILING ADDRESS:	
PROPOSED EFF DATE: FROM:	WEBSITE:
TO:	
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	YEARS IN BUSINESS

PREMISES INFORMATION

LOC#	BLD#	STREET, CITY, STATE, ZIP CODE	# of Units	Construction Type	Age	Square Footage	# Of Stories

Explain all "YES" answers	
1. Number of Years owned:	
2. Is Directors & Officer's liability coverage in place? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes: State Limits?	
3. What is % of occupancy? What is the % owner occupied?	
4. Please note the following updates if applicable: roof plumbing heating wiring	
5. Wiring (check all that apply): Copper Aluminum Fuses Circuit Breakers If Aluminum: pigtailed? copalum?	
6. Is Association self-managed or professionally managed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Are grills allowed on decks? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, what are the stated requirements? _____	
8. Is this a handicapped / disabled housing facility? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. Is there any subsidized housing? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, what is percentage: _____	
10. Assisted Living or Dedicated Senior Housing? <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. Any Student housing? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes what percentage (%) _____	
12. Does building allow pets? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes: Does insured require that dogs be restrained when outdoors? <input type="checkbox"/> YES <input type="checkbox"/> NO	
13. Are there smoke detectors? <input type="checkbox"/> YES <input type="checkbox"/> NO Battery? <input type="checkbox"/> YES <input type="checkbox"/> NO	



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If battery, any procedures in place to ensure units are fully operational?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hardwired?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Where located: Individual units?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Common Areas?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Is a secondary means of egress provided if over two stories?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Explain all "YES" answers	
15. Are there security guards on premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes: Are they armed? <input type="checkbox"/> YES <input type="checkbox"/> NO Guard Dogs? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Private Employee	
COI's obtained?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Security Measures	
Entryway locks?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Self-locking main doors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gated Access?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Intercom systems?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24 – Hour doorman?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Peep holes in interior doors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Premises lighting in parking areas, walkways & common areas?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Any Assault & Battery incidents in complex during the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Are there procedures in place to ensure:	
- Adequate snow and ice removal where applicable?	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Washing Machine hoses?	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Fireplace inspection?	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Mandatory hot water heater replacement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Any plans for major renovation of the premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Any work subbed out?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, are Certificates of Insurance required at minimum limits of \$300,000?	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. Any mold claims in past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. Are there procedures in place to routinely inspect for potential mold growth?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Swimming pool on premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes: Diving Board?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Depth marked?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Slide?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Non-slip surfaces?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Lifeguards on duty when open?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Warning signs and rules posted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pool completely fenced with self-locking gates?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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Life Safety Ring Buoy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Any Whirlpools or Hot Tubs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes: A scheduled maintenance plan in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is equipment equipped with temperature controls?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are rules and instructions posted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does equipment meet State regulation	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. Playground?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes: Describe type of equipment _____	
Any equipment over five feet in height?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is ground surfacing black top, concrete, rubber mat, synthetic turf?	<input type="checkbox"/> YES <input type="checkbox"/> NO
27. Clubhouse?	<input type="checkbox"/> YES <input type="checkbox"/> NO
28. Any gyms or healthcare facilities (Sauna, Yoga, Studio, etc.?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, describe: _____	
Size of Gym: _____ sq. ft.	
Is access limited to tenants only?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No, explain: _____	
Any free weights (over 20lbs)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are Rules and Instructions posted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a schedule of maintenance in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a policy in place for securing personal liability waivers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Any lake or pond exposure? (other than decorative)	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Any owned docks/piers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes: Describe length and use of dock _____	
# of boat slips if applicable? _____	
31. Any other recreational facilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes: Describe _____	
32. Does association provide day care services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Does association run a water purification sewage treatment facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Are any streets owned and maintained by the association?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Remarks:	



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The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance.