

# Condominium, Homeowner and Townhouse Association Supplemental Application

*Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.*

Named Insured: \_\_\_\_\_  
 Location \_\_\_\_\_  
 Address(es): \_\_\_\_\_  
 Website Address: \_\_\_\_\_

**GENERAL INFORMATION**

1. Number of buildings:
  - a. Year the building(s) was built:
  - b. When were major building components last updated (e.g., electrical, plumbing, roofing)?
  - c. Number of stories:
2. Total number of units: \_\_\_\_\_ Number of units per building: \_\_\_\_\_
3. Are you a master association (i.e., an association over multiple, separate associations)?  Yes  No
4. Are you a timeshare association?  Yes  No
5. Are units owned under a cooperative?  Yes  No
6. Has a building been converted to current use from another occupancy? If yes:  Yes  No
  - a. Describe prior use and the date the conversion was completed:
7. Does the developer or a general contractor of your association's property serve on your association's Board of Directors?  Yes  No
8. Is the developer or a general contractor of your association's property listed as a named insured on your insurance?  Yes  No
9. Is your association involved in construction or development of units or lots?  Yes  No
10. How many units (or lots) are:
 

Owned by your association?	Non-owner occupied?	
Incomplete/undeveloped?	Vacant?	In foreclosure?
11. Do you have an annual budget?  Yes  No
12. Have you levied any special assessments in the past three years?  Yes  No
13. Do you use the services of a third-party property manager? If yes:  Yes  No
  - a. Does the real estate property management company require that they be listed as a named insured on your insurance policy?  Yes  No
14. Do you require contractors to provide evidence of insurance before commencing any work for your association?  Yes  No
15. What is the square footage of commercial space leased to others?\*  N/A  Sq. ft.

**USE AND OCCUPANCY OF PREMISES**

1. Is there a well or septic tank on your property? If yes:  Yes  No
  - a. Are they maintained by an insured, outside contractor?  Yes  No
  - b. How often are they tested?
2. Have you had a backup of sewage in the past 12 months?  Yes  No
3. Do you have land used as a garbage dump or landfill?  Yes  No

4. Do you have a private airport?  Yes  No
5. Do you have a private water treatment facility (not city-connected)?  Yes  No
6. Are there any outstanding building code violations?  Yes  No

### SAFEGUARDS AND SECURITY

1. Do you allow the use of grills or other cooking appliances on balconies?  Yes  No
2. Are pets allowed? If yes:  Yes  No
- a. Do you have a written pet policy?  Yes  No
- b. Does the policy prohibit aggressive or dangerous dog breeds?  Yes  No
- c. Does the policy require all dogs to be leashed while on common grounds other than fenced, designated off-leash areas?  Yes  No
3. What fire safeguards do your buildings have?
- Smoke detectors in common areas     Central station fire alarm     100% Sprinklered
- Smoke detectors in all individual units     Other:
4. Are all individual units equipped with operational smoke detectors? If yes:  Yes  No
- Hardwired     Battery
5. If a building has gas utilities, are all units equipped with carbon monoxide detectors? If yes:  Yes  No
- Hardwired     Battery
6. If a building has window bars, are all bars equipped with a functioning, quick-release latch?  Yes  No
7. Is there a tornado shelter on the premises? If yes:  Yes  No
- a. Can it accommodate all residents?  Yes  No
8. Do all buildings and parking areas have outdoor lighting?  Yes  No
9. Are buildings equipped with:
- a. Aluminum wiring  Yes  No
- b. Knob and tube wiring?  Yes  No
- c. Removable electrical fuses?  Yes  No
- d. Federated Pacific brand circuit breakers?  Yes  No
10. What type of premises security do you have?
- None     Neighborhood Watch Group     Employed Security Guards
- Contracted Security Guards     Alarm monitoring     Other:
- a. If any security guards, are they armed? If yes, describe:  Yes  No
- b. If contracted security guards, do you collect certificates of insurance evidencing that such guards carry professional liability insurance?  Yes  No

### AMENITIES AND ADDITIONAL EXPOSURES

1. Do you have athletic fields or courts?  Yes  No
- a. If yes, how many?
2. Do you have boat docks or slips?  Yes  No
- a. If yes, what are the gross sales?
3. Do you have coin-operated laundry machines?  Yes  No
- a. If yes, what are the gross sales?
4. Do you have community recreational facilities?  Yes  No
- a. If yes, what is the total square footage?
- b. If yes, are these facilities open to non-residents for a fee?  Yes  No
5. Do you have dams, levees or dikes?  Yes  No
- a. If yes, describe. (e.g., Class I Dam, height)
6. Do you have ponds, lakes, reservoirs or other bodies of water?  Yes  No
- a. If yes, how many and what acreage for each?

- 7. Do you have parks or playgrounds?  Yes  No
  - a. If yes, how many?
- 8. Do you have private indoor parking?  Yes  No
  - a. If yes, what is the total square footage?
- 9. Do you have private storage or storage buildings for unit owners?  Yes  No
  - a. If yes, what is the total square footage?
- 10. Do you have stables, horse riding trails or riding arenas?  Yes  No
  - a. If yes, what payroll applies to operate and maintain them?
- 11. Do you have private streets, roads or bridges?  Yes  No
  - a. If yes, how many miles of roads?
- 12. Is there a swimming pool or beach exposure?\*  Yes  Yes
- 13. Do you operate a restaurant, bar or tavern?\*  Yes  Yes
- 14. Do you hold any special events?\*  Yes  Yes
  - a. If yes, are any events open to the general public?  Yes  Yes

**\*This exposure requires the completion of an additional supplemental application.**

## IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

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Producer Signature	Date
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