



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641  
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## CONDOMINIUMS – RESIDENTIAL (ASSOCIATION RISK ONLY) SUPPLEMENTAL APPLICATION (Complete in addition to Acord Application)

### APPLICANT INFORMATION:

NAME: \_\_\_\_\_ PROPOSED EFF. DATE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### PREMISES INFORMATION:

LOCATION NUMBER	BUILDING NUMBER	STREET, CITY, STATE ZIP CODE	NUMBER OF UNITS

1. Is Directors and Officers liability coverage in place? If <b>YES</b> , State Limits: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What is the percentage of occupancy?	%
• What is the percentage owner occupied?	%
3. Confirm if any of the following wiring exists <input type="checkbox"/> Fuses <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Federal Pacific (Stab Lok) <input type="checkbox"/> Aluminum Circuit Breakers	
• If Aluminum repaired via: <input type="checkbox"/> Copalum or <input type="checkbox"/> Alumiconn Connectors	
4. Are grills allowed on decks? If <b>YES</b> , what are the stated requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is this a handicapped/disabled housing facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are more than 30% of units subsidized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Assisted Living or Dedicated Senior Housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are more than 30% of units occupied by college students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are there smoke detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Battery	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ 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
• Location of units: <input type="checkbox"/> Individual Units <input type="checkbox"/> Common Areas	
10. Is a secondary means of egress provided if over two stories?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are there security guards on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If <b>YES</b> , are the guards armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Any Assault & Battery incidents in complex during the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are there procedures in place to ensure adequate snow and ice removal, where applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14. Any plans for major renovation of the premise (Cost more than 20% of building value)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. If work subbed out, are COI's obtained from all contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is builder or developer a member of Board of Directors for the association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is there any new development and/or construction operations contemplated or in progress?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is there a Playground on the premises? If <b>YES</b> , describe the type of equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is there a Clubhouse on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<b>20.</b> Are there any Gyms or Healthcare Facilities, such as a Sauna, Yoga Studio, etc. on the premises? If <b>YES</b> , please provide description:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>21.</b> Any lake or pond exposure? (Other than decorative) If <b>YES</b> , please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>22.</b> Any owned docks/piers? If <b>YES</b> , describe length and use of dock:	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Number of boat slips, if applicable	
<b>23.</b> Any other recreational facilities? If <b>YES</b> , please provide description:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>24.</b> Does the Association provide day care services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>25.</b> Does the Association run a water purification sewage treatment facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>26.</b> Are any streets owned and maintained by the Association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>27.</b> Swimming pool on premises: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Number of swimming pools? _____	
• 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
• Life Safety Ring Buoy	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Does the pool comply with the requirements of the Federal Virginia Graeme Baker Pool & Spa Safety Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>28.</b> Any Whirlpools or Hot Tubs? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Number of Whirlpools or Hot Tubs? _____	
If <b>YES</b> , are the following features in place:	
• A Scheduled Maintenance Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Equipment Equipped with Temperature Controls	<input type="checkbox"/> Yes <input type="checkbox"/> No
• 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
<b>Remarks:</b>	

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: \_\_\_\_\_ Producer Code: \_\_\_\_\_ Date: \_\_\_\_\_

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