



MUSIC Condominium/Homeowners Association Supplemental Application

Applicant's Name \_\_\_\_\_  
 DBA \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Web Address \_\_\_\_\_

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Proposed Effective Date:  
 From \_\_\_\_\_ To \_\_\_\_\_  
 (12:01 am Standard Time at the address of the Applicant)

Years of Experience \_\_\_\_\_ years  
 Years doing business under current name \_\_\_\_\_ years

- The Association is:
- Townhouse
  - Residential Condominium
  - Commercial Condominium
  - Property Owner
  - Homeowners
  - Other

Limits of Liability Requested

Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Fire Legal (any one premise)	\$
Medical Expense (any 1 person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$	BI/PD per Claim - LAE

Property Locations

	Address	City	State	Zip Code
Location 1				
Location 2				
Location 3				
Location 4				

Pool Information

Number of pools \_\_\_\_\_ Is the pool(s) fenced?  Yes  No  
 Self locking gates?  Yes  No Is there a diving board?  Yes  No  
 Posted Rules  Yes  No How high is the board? \_\_\_\_\_ meters



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Lifeguard on premises?

Yes  No

Is there a slide?

Yes  No



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Life Saving Equipment in place?  Yes  No      How tall is the slide? \_\_\_\_\_ Feet

Recreational Activities (please list the number of each)

Playgrounds	_____	Beaches	_____
Basketball Courts	_____	Spas/Gyms	_____
Acres of Lakes/Ponds	_____	Racquetball Courts	_____
Square Feet of Clubhouse	_____	Baseball Fields	_____
Tennis Courts	_____	Miles of Bike Trails	_____
Volleyball Courts	_____	Boat Slips	_____

Security Information

Is security provided?  Yes  No      Is the property Gated?  Yes  No

Armed or Unarmed? \_\_\_\_\_      How is entry gained? \_\_\_\_\_

Independent Contractor?  Yes  No      Who is given access to property? \_\_\_\_\_

Are contractors insured?  Yes  No      Are there alarms in every unit?  Yes  No

Who monitors alarms? \_\_\_\_\_

Fire Protection

Are the buildings sprinklered?  Yes  No

Are there smoke detectors in each unit?  Yes  No

Are the smoke detectors checked regularly?  Yes  No

Are fire extinguishers in all units?  Yes  No

Are fire extinguishers in all common areas?  Yes  No

Account Revenue Projections and History

Year	Payroll	Gross Receipts	Sub-Contracted Cost (Incl Cost of Materials)
Next 12 Months			

Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					



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Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

- Are utilities supplied by public entities?  Yes  No
- Are utilities supplied by private entities?  Yes  No
- Are there any water/sewage treatment or disposal facilities?  Yes  No
- How many miles of road on the property? \_\_\_\_\_ Miles
- Indicate the percentage of developer interest \_\_\_\_\_ %
- Is there any vacant land on the property?  Yes  No
- If yes, please explain \_\_\_\_\_
- Is there any remodeling or updating planned in the next year?  Yes  No
- Is there any riding arenas, horse jumps, stables, or saddle animals for hire?  Yes  No
- Are there any sponsored special events?  Yes  No
- If yes please explain \_\_\_\_\_
- Are there any sponsored athletic teams?  Yes  No
- If yes, please explain \_\_\_\_\_
- Are there any dams on premises?  Yes  No
- Are there any private airports on premises?  Yes  No
- Have all construction operations been completed?  Yes  No

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature \_\_\_\_\_

Date \_



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Agents Signature \_\_\_\_\_

Date \_



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