

Agency Name:  
Address:  
Contact Name:  
Phone:  
Fax:  
Email:



## Condominium/Townhouse/Homeowners Association Supplemental Application

Supplemental Application must accompany fully completed ACORD application or its equivalent.  
All questions must be answered in full. All applications must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_  
Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_  
Web Address \_\_\_\_\_  
Inspection Contact \_\_\_\_\_  
Proposed Policy Period \_\_\_\_ to \_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_  
Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_  
Location #1 \_\_\_\_\_  
Location #2 \_\_\_\_\_  
Location #3 \_\_\_\_\_

### GENERAL UNDERWRITING INFORMATION

- This is a:  Condominium Association  Townhouse Association  Homeowners Association
- Does the Developer retain any interest in the Association? .....  Yes  No
- Does the association provide drinking water to members? .....  Yes  No  
If yes, attach a completed Rural Water Company Supplemental Application, S370s
- Are there any known aggressive dogs on premises and/or any prior incidents within the past 3 years involving aggressive animals? .....  Yes  No  
If yes, provide details in the Note section below including corrective action
- Is video surveillance (CCTV) installed on premises? .....  Yes  No
- Does applicant specialize in assisted living? .....  Yes  No
- Do any units have call buttons and/or pull cords? .....  Yes  No
- Total number of Homeowners Association (HOA) residential units: \_\_\_\_\_
- Total number of Condominium or Townhouse Association residential units: \_\_\_\_\_
  - Number of Units by Occupancy:                      Owner Occupied: \_\_\_\_% Tenant Occupied: \_\_\_\_% Vacant: \_\_\_\_%  
Any units owned by the Association? .....  Yes  No # \_\_\_\_\_  
Short Term Vacation Rental (< 3 months): .....  Yes  No # \_\_\_\_\_  
Long Term or Timeshare Rental (> 3 months): .....  Yes  No # \_\_\_\_\_  
If the total number of Long Term or Timeshare owned units is > 25% of total Association Units, provide the total gross receipts generated from the rental of these units:                      \$ \_\_\_\_\_
  - Building Characteristics:  
Total number of buildings: \_\_\_\_\_ Maximum units per building: \_\_\_\_\_  
Number of stories: \_\_\_\_\_ Construction: \_\_\_\_\_  
Age of building(s): \_\_\_\_\_  
Year of latest update:      Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Wiring:\* \_\_\_\_\_  
\*If aluminum wiring exists in any building verify all outlets have been pigtailed. \_\_\_\_\_  
Surrounding area:       Improving                       Stable                       Declining

**ASSOCIATION EXPOSURES AND AMENITIES**

**1. Any of the following recreational exposures:** (check all that apply – provide details in Notes section below)

- Boat Docks, Ramps Or Slips:  Ocean Access  No Ocean Access \_\_\_\_\_ Total Number
- Boat Storage \_\_\_\_\_ Total Gross Receipts
- Clubhouse  Member/Guest only \_\_\_\_\_ Number of Buildings
- \_\_\_\_\_  Public Rental \_\_\_\_\_ Total Gross Receipts
- \_\_\_\_\_ Total Square Foot Area
- Campground \_\_\_\_\_ Total Gross Receipts
- Equestrian Exposure:  Stables with Service  Stables w/o Service \_\_\_\_\_ # of Stalls
- Equipment Rental to Members or Guests (include type in Notes section below) \_\_\_\_\_ Total Gross Receipts
- Golf Course:  Members and Guests only  Public \_\_\_\_\_ Total Gross Receipts
- Parks, Playgrounds or Sport Courts \_\_\_\_\_ Total Number
- Restaurant/Snack Bar \_\_\_\_\_ Total Gross Sales
- Alcohol:  Served  BYOB
- Special Events:  Member/Guest only  Open to General Public \_\_\_\_\_ # of Events
- Trails:  Biking  Equestrian  Hiking  Recreational Vehicles \_\_\_\_\_ Total Miles

**2. Any of the following water hazards:** (check all that apply – provide details in Notes section below)

- Beach, Lake or Pond – with Designated Swimming Area \_\_\_\_\_ Total Linear Feet
- Diving boards, slides, or platforms, permanent or floating?  Yes  No
- Boats permitted (indicate maximum horsepower) or  No restrictions \_\_\_\_\_ Max Horsepower
- Saunas, Spas or Hot Tubs \_\_\_\_\_ Total Number
- Kiddie Pool \_\_\_\_\_ Total Number
- Swimming Pool \_\_\_\_\_ Total Number
- Pool Slides or Waterslides < 30 Feet \_\_\_\_\_ Total Number
- Pool Slides or Waterslides > 30 Feet \_\_\_\_\_ Total Number

**For any of the above checked exposure(s):**

- Lifesaving equipment available? .....  Yes  No
- Lifeguard on duty? .....  Yes  No
- Signs posted? .....  Yes  No
- Rules including hours of operation posted? .....  Yes  No
- All pools, spas or hot tubs are Virginia Graeme Baker Pool & Spa Safety Act compliant? .....  Yes  No
- Swimming pools are in compliance with fencing, barrier or enclosure laws? .....  Yes  No
- And, or in absence of such laws, meet the following minimum requirements? .....  Yes  No
- Enclosed by a barrier at least 48 inches high, with a gap at the bottom that is no more than 4 inches, equipped with a self-closing, positive self-latching and locking mechanism maintained in working order at all times

**3. Any of the following water existence hazards:** (check all that apply – provide details in Notes section below)

- Beach – Existence Hazard Only – No Designated Swimming Area \_\_\_\_\_ Linear Feet
- Lake – Existence Hazards Only – No Designated Swimming Area \_\_\_\_\_ Total Acres
- Boats permitted (indicate maximum horsepower) or  No restrictions \_\_\_\_\_ Max Horsepower
- Ponds – Existence Hazards Only – No Designated Swimming Area \_\_\_\_\_ Total Acres

**For any of the above checked exposure(s):**

- Lifesaving equipment available? .....  Yes  No
- No Swimming signs clearly posted? .....  Yes  No

**4. Any of the following physical features:** (check all that apply – provide details in Notes section below)

- Airfield/Airstrip \_\_\_\_\_ Number
- Camper/RV Storage \_\_\_\_\_ Total Gross Sales
- Dam or Levee:  Maintained by Municipality  Maintained by Association \_\_\_\_\_ Total Number
- Indoor Parking Facility \_\_\_\_\_ Total Gross Area

**Any of the following physical features:** (continued)

- Reservoirs \_\_\_\_\_ Total Number
- Streets and Roads (in excess of 5 miles) – Maintained by the Association \_\_\_\_\_ Total Miles

**5. Any of the following services:** (check all that apply – provide details in Notes section below)

- Security Guards – Full or Part Time Employees:  Armed  Unarmed \_\_\_\_\_ Total Payroll
- Security Guards – Independent Contractors \_\_\_\_\_ Total Cost
- Valet Parking:  By employees  Subcontracted
- Van Service or transportation for members or guests:  By employees  Subcontracted

**NOTES:**

Please provide a narrative description of any exposures mentioned above, or other features not listed:

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**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.

**FRAUD STATEMENT – FOR THE STATE(S) OF:**

**Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

#### **Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

#### **Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

#### **California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

#### **Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### **Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### **Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

#### **District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

#### **Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

#### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

#### **Kansas**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

#### **Kentucky**

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

#### **Maine, Tennessee, Virginia, Washington:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

**New Jersey**

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**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.

**Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

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.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date