



**HOMEOWNERS ASSOCIATION
SUPPLEMENTAL APPLICATION**

Named Insured _____

Indicate exposures:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Lake/Pond | <input type="checkbox"/> Baseball Diamonds | <input type="checkbox"/> Streets & Roads |
| <input type="checkbox"/> Club House | <input type="checkbox"/> Security Guards | <input type="checkbox"/> Whirlpool | (where you are responsible |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Sauna | <input type="checkbox"/> Bathing Beaches | for maintenance) |
| <input type="checkbox"/> Park | <input type="checkbox"/> Tennis & Basketball Courts | <input type="checkbox"/> Boat Docks & Slips | <input type="checkbox"/> Dams |
| <input type="checkbox"/> Parking Garage | <input type="checkbox"/> Exercise/Fitness Room | | |

UNDERWRITING INFORMATION

- | General Questions | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does the business have a website?
If yes, provide URL: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Building is occupied by: | | |
| <input type="checkbox"/> Owner _____% | | |
| <input type="checkbox"/> Tenants _____% | | |
| <input type="checkbox"/> Seasonal Tenants _____% | | |
| <input type="checkbox"/> Vacationers _____% | | |
| <input type="checkbox"/> Vacant or sold but not occupied _____% | | |
| <input type="checkbox"/> Units not sold _____% | | |
| <input type="checkbox"/> Unknown _____% | | |
| 3. Does a developer have an interest in the association or property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the named insured include the developer or property manager? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Check all the following that apply: | | |
| <input type="checkbox"/> Full time resident manager | | |
| <input type="checkbox"/> Owner who resides on the premises | | |
| <input type="checkbox"/> Full time property management company with 3 years or more of experience | | |
| 6. Does the building have two means of egress? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Indicate all protection devices that apply: | | |
| <input type="checkbox"/> Sprinkler <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Watchman <input type="checkbox"/> Ansul <input type="checkbox"/> Other | | |

COMPLETE ONLY THE SECTIONS THAT APPLY

- | Bathing Beaches | Yes | No |
|---------------------------------------|--------------------------|--------------------------|
| 1. Are lifeguards present? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is swimming area marked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are rules posted in swimming area? | <input type="checkbox"/> | <input type="checkbox"/> |
-
- | Boat Docks & Slips | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are docks inspected annually? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are docks coated with a nonslip surface? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are rules posted? | <input type="checkbox"/> | <input type="checkbox"/> |

Clubhouse**Yes No**

1. Does the business rent the clubhouse to others? Yes No
 If yes, are renters required to carry general liability coverage? Yes No
 Limits required: _____
2. Is there a standard written contract between the business and the renter? Yes No
3. Does the contract require the renter to name the business as an additional insured? Yes No
4. Does the contract require the renter to indemnify and hold harmless the business? Yes No
5. Are certificates of insurance updated on an annual basis? Yes No

Lakes, Ponds, Rivers

- Are there any recreational facilities provided? Yes No
 If yes, describe. _____

Playgrounds

1. Indicate the type of surface below playground equipment:
 Sand Pit Wood Chips Other (describe) _____
2. Age of equipment _____
3. Are regular inspections made on the equipment? Yes No

Security Guards**Yes No**

1. Are security guards armed? Yes No
2. Are security guards independent contractors? Yes No
 If yes, do you require them to have general liability coverage? Yes No
 Limits required: _____
3. Is there a standard written contract between the business and the contractor? Yes No
4. Does the contract require the contractor to name the business as an additional insured? Yes No
5. Does the contract require the contractor to indemnify and hold harmless the business? Yes No
6. Are certificates of insurance updated on an annual basis? Yes No

Independent Contractors

1. Do you hire independent contractors to perform maintenance, repair or other? Yes No
 If yes, are independent contractors required to carry general liability coverage? Yes No
 Limits required: _____
2. Is there a standard written contract between the business and the contractor? Yes No
3. Does the contract require the contractor to name the business as an additional insured? Yes No
4. Does the contract require the contractor to indemnify and hold harmless the business? Yes No
5. Are certificates of insurance updated on an annual basis? Yes No

Streets & Roads

1. Are you responsible for the maintenance and upkeep of the roads? Yes No
2. If independent contractors are used for the maintenance, do you require certificates of insurance? Yes No
 Limits required: _____

Swimming Pools

1. Type of pool (check all that apply): Indoor Outdoor In Ground Above Ground
2. Is the pool equipped with any of the following: Diving Boards Water Slides
 Other recreational equipment (describe) _____
3. If the pool has a diving board, indicate the height above the water _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 4. Is the pool fenced with self-latching closure mechanisms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there a fence completely surrounding the pool at least 4 feet high? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the fence locked when the pool is closed? | <input type="checkbox"/> | <input type="checkbox"/> |

Exercise/Fitness Room

Indicate types of equipment:

- | | |
|--|--|
| <input type="checkbox"/> Free Weights | <input type="checkbox"/> Stair Climber(s) |
| <input type="checkbox"/> Weight Machine(s) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Treadmill(s) | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Stationary Bike(s) | _____ |
| <input type="checkbox"/> Elliptical Trainer(s) | _____ |

Parking Garage

- Is there a parking garage:

<input type="checkbox"/> Above Ground	<input type="checkbox"/> Below Ground	<input type="checkbox"/> Unknown
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- Indicate type of security measures in place:

<input type="checkbox"/> Closed Circuit TV	<input type="checkbox"/> Alarms
<input type="checkbox"/> Security Patrols	<input type="checkbox"/> Police Patrols
<input type="checkbox"/> Guard	<input type="checkbox"/> Cardkey
<input type="checkbox"/> Unknown	<input type="checkbox"/> None

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

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.

Signature of Applicant	Title	Date
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Signature of Producing Agent	Date
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Agent Name and Address