

Homeowners, Townhome & Condominium Association Supplemental Application



AmTrust E&S Insurance Services
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Website Address: _____

Type of Association: Townhouse Association Homeowners Association Condominium Association
 Commercial Association Other (describe): _____

Section II – General Information

Management:

1. Please indicate, who manages the property?

Self-managed On-site property management firm Off-site property management firm
 Developer Other: _____

2. Does the Applicant contract with an independent professional management? Yes No

If YES, does the management company request the applicant include them as additional insured? Yes No

If YES, please provide the following:

Name of Management Company: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

3. If off-site management, indicate frequency of site visits:

At least weekly Monthly Other: _____

Occupancy:

1. Please provide the following information:

Total number of units: _____

Single-family homes: _____ Townhomes: _____ Condos: _____

Rental units: _____ Commercial condos: _____ Time-shares: _____

Any vacant/unsold units? # _____ Details: _____

Any bank-owned units? # _____ Details: _____

Any developer-owned units? # _____ Details: _____

Any student-occupied units? # _____ Details: _____

2. Are Tenants provided with written statement of community policies and rules? Yes No

3. Are unit owners required to maintain individual liability insurance (HO6)? Yes No

If YES, what is the minimum limit of liability required:

\$300,000 \$500,000 \$1,000,000 Other: _____

4. Does the Applicant have any rental units? Yes No

If YES, who handles the rentals? _____

The Association Unit Owner Other: _____

Section II – General Information (continued)

5. Does the Association receive any revenue from the rentals? Yes No
If YES, list annual revenue: \$ _____

Yes No

6. Is there any commercial/retail space? Yes No

Yes No

If YES, complete the information below:

Total area of commercial/retail space: _____ sq. ft. # of commercial units: _____ # of retail units: _____

Building Information:

1. Please provide the following information:
of buildings _____ # of total units: _____ # of stories: _____ Average unit value: \$ _____

2. Please indicate construction type:

Frame Joisted Masonry Non-combustible Fire Resistive

3. When were the buildings constructed? _____

If over 25 years old, what was the date of last update? _____

Electrical: _____ Plumbing: _____ Heating/AC: _____ Roof: _____

4. Are there any development and/or construction operations contemplated or in progress? Yes No

If YES, provide details:

Fire Protection & Alarms:

1. Is the complex in compliance with all applicable state and local statutes governing safety devices? Yes No

2. Are there smoke detectors in common areas? Hardwire Battery Yes No

3. Are there smoke detectors in each unit? Hardwire Battery Yes No

a. If hardwired, are alarms tied to a central station? Yes No

b. If battery, is there a written procedure for routine inspection and replacement? Yes No

4. Does the Applicant have a sprinkler system? Yes No

If YES, area of coverage?

Entire Building Units Common Areas Attic

Basement Garage

5. Is sprinkler piping fully insulated in exterior walls and attic areas to prevent freezing? Yes No

6. Are sprinkler shut off valves marked and easily accessible? Yes No

7. Is the sprinkler system tested and inspected by a sprinkler contractors annually? Yes No

8. Was a formal winterization review done? Yes No

9. Are sprinklers tied to a 24-hour monitoring service? Yes No

Means of Egress – Buildings over 3 stories:

1. Are interior stairways masonry-enclosed? Yes No

2. All interior stairwells equipped with self-closing fire doors on each floor? Yes No

3. Do all buildings/floors have clearly marked fire exits? Yes No

4. Emergency lighting provided in all common areas? Yes No

Security:

1. Are interior stairways masonry-enclosed? Yes No

a. If YES, what type? Gated access Patrol

b. If gated community, what hours are the gates manned? _____

2. If patrol services are provided, please answer the following questions:

a. Are the guards: Armed Unarmed

b. Are the guards: Employees Independent Contractors Off-duty Police

Section II – General Information (continued)

3. If independent contractors are used:
- a. Applicant named as additional insured withhold harmless on security firm's policy? Yes No
 - b. Certificates of insurance obtained and maintained on file? Yes No
4. Are there any contracts for service of any kind from law enforcement agency (policy, sheriff or municipality)? Yes No

If YES, provide details:

5. Do you perform police background checks on all employees? Yes No
6. Do you have a written procedure for notifying tenants of any known or suspected criminal activity? Yes No
7. Do you have a written procedure for responding to tenant's complaints concerning safety-related issues? Yes No
8. Have there been any losses involving violent crimes? Yes No

If YES, provide details:

Section III – Amenities and Recreational Activities

1. Please check all exposures and the number:
- | | | |
|--|---|--|
| <input type="checkbox"/> Baseball field(s) _____ | <input type="checkbox"/> Basketball court(s) _____ | <input type="checkbox"/> Bathing Beaches _____ |
| <input type="checkbox"/> Bike Trails (miles) _____ | <input type="checkbox"/> Boat Slip(s) _____ | <input type="checkbox"/> Clubhouse (sq. ft.) _____ |
| <input type="checkbox"/> Health / Fitness Center _____ | <input type="checkbox"/> Lake / Ponds (acres) _____ | <input type="checkbox"/> Playground(s) _____ |
| <input type="checkbox"/> Private Airports _____ | <input type="checkbox"/> Racquetball court(s) _____ | <input type="checkbox"/> Restaurants _____ |
| <input type="checkbox"/> Sauna(s) _____ | <input type="checkbox"/> Spa / Hot tub(s) _____ | <input type="checkbox"/> Tanning Beds _____ |
| <input type="checkbox"/> Tennis court(s) _____ | <input type="checkbox"/> Volleyball court(s) _____ | <input type="checkbox"/> Other (describe): _____ |

2. Are there any pools on the premises? Yes No

If YES, please answer the following questions:

- a. Number of pools: _____
- b. Are there controlled hours of operation & use? Yes No
- c. Are all pools fenced with self-latching gates? Fence height: _____ Yes No
- d. Are the depth markings clearly shown? Yes No
- e. Are warning signs and rules posted and clearly visible? Yes No
- f. Is rescue equipment, including ring buoy and shepherd's hook, available poolside? Yes No
- g. Are there any diving boards, water slides, diving platforms or similar equipment? Yes No

If YES, provide details:

- h. Are walking surfaces slip-resistant? Yes No
3. Are lifeguards provided? Yes No
- If YES, are lifeguards provided by:** Applicant Pool Management Company
4. If provided by pool management company, are they required to list you as an additional insured on their general liability policy? Yes No
5. Are all swimming pools, wading pools and hot tubs in compliance with Virginia Graeme Baker Safety Act? Yes No

Section IV – Other Exposures

1. Any medical services provided or assisted living facilities? Yes No

If YES, provide details:

2. Is there a club house, meeting hall or similar facility? Yes No

If YES, is it available for rental by association members?

- Yes No

3. Does the rental agreement include hold harmless wording in favor of the association? Yes No

4. Does the association hold any special events of any kind? Yes No

If YES, provide details:

5. Is there a restaurant or bar on the premises? Yes No

a. Are restaurants/clubs operated by: Association Lessee

b. If operated by association, indicate receipts from: Food: \$ _____ Liquor: \$ _____

6. Is there a lake or bodies of water on the premises? Yes No

If YES, is there swimming allowed?

- Yes No

If YES, are there rules posted concerning use at your own risk?

- Yes No

7. Are there docks, slips or piers owned or controlled by the association? Yes No

a. Number of docks, slips or piers: _____

b. Description of docks, slips or piers: _____

8. Is there any playground equipment on the premises? Yes No

a. If YES, please describe equipment: _____

b. How often is it checked for maintenance needs? _____

9. Is grilling on balconies permitted? Yes No

Charcoal Propane Other: _____

10. Any vacant land owned by the association? Yes No

If YES, provide details:

Section V – Maintenance

1. Do you have written procedures for inspecting and maintaining of your premises? Yes No

2. Who performs building and/or site maintenance, service and repair?

a. Janitorial operations: Employee Independent Contractor NA

b. Landscaping/lawn care operations: Employee Independent Contractor NA

c. Snow & ice removal: Employee Independent Contractor NA

c. General maintenance & repairs: Employee Independent Contractor NA

e. Elevator service & repairs: Employee Independent Contractor NA

3. If building and/or site maintenance, service and repair is done by an independent contractor:

a. Is Applicant named as additional insured withhold harmless on subcontractor's policy? Yes No

b. Are certificates of insurance obtained and maintained on file? Yes No

c. Are subcontractors required to carry general liability limits greater than or equal to the applicant? Yes No

4. Is the Association responsible for the roads? Yes No

If YES, how many miles of roads? _____

5. Does Applicant have Workers' Compensation coverage in force? Yes No

6. Does the Applicant lease any employees? Yes No

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he 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.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by 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 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 personal or commercial 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 is considered a crime.

MAINE: 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 denial of insurance benefits.

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 the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and 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 and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY