



SCOTTSDALE INSURANCE COMPANY®

Home Office: One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

CONDOMINIUM OR HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION

Applicant's Name
Mailing Address
Location

Agent Name
Address

PROPOSED EFFECTIVE DATE:
From To

12:01 A.M., Standard Time at the mailing address of the Applicant.

Applicant is: Individual Corporation Partnership Joint Venture
Limited Liability Company Other (Specify):

Table with 2 columns: LIMITS OF LIABILITY REQUESTED, PREMIUMS. Rows include General Aggregate, Products & Completed Operations Aggregate, Personal & Advertising Injury, Each Occurrence, Fire Damage, Medical Expense, and Other Coverages.

- A. Years in business:
B. Have all development and/or construction operations been completed?
C. Number of units: Single family homes, Townhomes, Condos, Rental Units, Commercial Condos, Time-Shares
D. Number of stories: Sprinkled?, Fire resistive?
E. How many swimming pools? Number of diving boards, pool slides, or diving platforms?
F. Number of: Clubhouses, Convenience Stores, Saunas, Spas, Baseball parks, Volleyball courts, Tennis courts, Basketball courts, Racquetball courts, Playgrounds, Lakes, Bathing beaches, Diving rafts, Boat docks, Boat rentals, Private airports, Shooting ranges, Restaurants/Lounges, Dams

- G. **Any waterworks/sewage treatment/disposal facilities?** .....  Yes  No  
 Describe in detail: \_\_\_\_\_
- H. **Is the association responsible for maintenance of the roads?** .....  Yes  No  
 If so, how many miles of road? \_\_\_\_\_
- I. **How many parks?** \_\_\_\_\_ Describe in detail: \_\_\_\_\_  
 \_\_\_\_\_ How many trails? \_\_\_\_\_
- J. **Any horse trails or bike trails?** .....  Yes  No  
 If yes, how many miles of trails? \_\_\_\_\_ Describe trails in detail: \_\_\_\_\_  
 \_\_\_\_\_
- K. **Any stables?** .....  Yes  No      **Riding arenas?** .....  Yes  No  
**Jumps?** .....  Yes  No      **Saddle animals for hire?** .....  Yes  No
- L. **Is this a master association which provides group common areas for individual associations?** .....  Yes  No
- M. **Does association include commercial and/or institutional members?** .....  Yes  No
- N. **Any security guards on premises?** .....  Yes  No  
 If yes, how many? \_\_\_\_\_ Are they armed or unarmed? \_\_\_\_\_  
 Does association directly employ guards? .....  Yes  No  
 If outside security guard service, are certificates of insurance required? .....  Yes  No
- O. **Total number of employees:** \_\_\_\_\_
- P. **Does applicant have Workers Compensation coverage in force?** .....  Yes  No
- Q. **Does applicant lease employees?** .....  Yes  No
- R. **Any special events?** .....  Yes  No
- S. **Any sponsored athletic teams?** .....  Yes  No  
 If yes, please describe: \_\_\_\_\_
- T. **Any other exposures which the association is responsible for?** .....  Yes  No
- U. **Please attach any descriptive or advertising literature.**

**Previous Insurer: Indicate premium and losses for past three years. Describe all losses.**

YEAR	COMPANY	POL.#	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF 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.

**FRAUD WARNING**

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.

NAME AND TITLE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Name and Phone Number of person to contact for inspection and/or premium audit purposes \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER \_\_\_\_\_

***(Applicable to Florida Agents Only.)***

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.

**ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE**  
Condominium or Homeowners Association