



**HOMEOWNERS ASSOCIATION
APPLICATION SUPPLEMENT**

Named Insured/Applicant: _____

EXPOSURES: Advise number, miles, acres or square feet, as indicated:

Airport	_____	Dams	_____	Racquetball court	_____
Baseball field	_____	Dump	_____	Sauna	_____
Basketball court	_____	Exercise/Fitness room	_____	Shooting range	_____
Beaches	_____	Ice skating	_____	Stable	_____
Bike trail (miles)	_____	Lake/Pond (acres)	_____	Street/Road	_____
Boat dock/slip	_____	Park (acres)	_____	Tennis court	_____
Clubhouse/Partyroom (Sq. ft.)	_____	Parking garage	_____	Whirlpool	_____

Other (describe): _____

GENERAL INFORMATION

- Does the business have a website? Yes No
If yes, provide URL: _____
- Building is occupied by:

<input type="checkbox"/> Owner _____ %	<input type="checkbox"/> Vacant or sold but not occupied _____ %
<input type="checkbox"/> Tenants _____ %	<input type="checkbox"/> Units not sold _____ %
<input type="checkbox"/> Seasonal tenants _____ %	<input type="checkbox"/> Assoc.-Owned rental units _____ %
<input type="checkbox"/> Vacationers _____ %	<input type="checkbox"/> Unknown _____ %
- Does a developer have an interest in the association or property? Yes No
- Does the named insured include the developer or property manager? Yes No
- 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 or more years of experience	

Where appropriate, use Y (Yes) or N (No)

	Building 1	Building 2	Building 3	Building 4	Building 5
Number of stories					
Number of units					
Number of vacant units					
Number of means of egress					
All exits are marked with EXIT sign?					
Smoke detectors?					
Ansul fire suppression unit?					
Sprinklered?					
Percent sprinklered					
Describe areas not sprinklered. (Note Bldg. # next to description)					
Year built					
Describe property/premises updates. (Note Bldg. # next to description)					
Current renovations?					
If yes, cost/type of renovation. (Note Bldg. # next to description)					

	Building 1	Building 2	Building 3	Building 4	Building 5
Years owned					
Any EIFS or DEFS siding?					
Is there a parking lot?					

PROPERTY COVERAGE INFORMATION

In accordance with applicable building codes:	Yes	No	N/A
1. Are heat and smoke detectors in all units? If battery operated, are batteries replaced at least every 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there fire extinguishers on premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a central station fire alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are barbecue grills allowed on outside balconies or decks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL LIABILITY INFORMATION

In accordance with applicable building codes:	Yes	No	N/A
1. Are sidewalks, driveways and parking lots regularly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If subcontractors perform renovations, janitorial, lawn care, snow removal and/or other maintenance services:			
a. Are certificates of insurance on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the applicant named as an additional insured on their policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are coverage and limits equal to or greater than applicant's policy limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is there a hold harmless agreement in favor of applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there emergency lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Complete only the sections that apply. Where appropriate, use Y (Yes) or N (No)

	Building 1	Building 2	Building 3	Building 4	Building 5
Swimming Pools					
Number of pools					
Is pool indoor or outdoor?					
Is there a self-closing gate/door?					
Is there a self-latching closure mechanism?					
Is there a lifeguard?					
Is there a diving board?					
Is there a slide?					
Is the pool fenced from all units?					
Is the fence at least 4' in height?					
Does the pool have depth markers?					
Is there lifesaving equipment in place?					
Hours of operation					
Is fence locked when pool is closed?					
Is the pool/spa in compliance with Virginia Graeme Baker Pool and Spa Safety Act?					

Playground Equipment

Type of surface below playground					
Age of equipment					
Is equipment regularly inspected?					

	Building 1	Building 2	Building 3	Building 4	Building 5
Exercise Facilities					
Age of equipment					
Is there a tanning bed?					
Is equipment regularly maintained?					
Are rules posted?					
Is exercise facility secured?					
Describe access to facility. (Note Bldg. # next to description)					
Bathing Beaches					
Are lifeguards present?					
Is the swimming area marked?					
Are rules posted in swimming area?					
Boat Docks and Slips					
Are docks inspected annually?					
Are docks coated with a nonslip surface?					
Are rules posted?					
Lakes/Ponds					
Are there any recreational facilities provided?					
If yes, describe. (Note Bldg. # next to description)					
Is equipment regularly inspected?					
Streets and Roads					
Are you responsible for maintenance and upkeep?					
If independent contractors used, are certificates of insurance on file?					

	Yes	No
4. Are any of these facilities/exposures available to the outside public (other than guests of residents) for use? If yes, describe: _____ If yes, are renters required to carry general liability coverage? Limits required: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a standard written contract between the business and the renter?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the contract require the renter to name the business as an additional insured?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the contract require the renter to indemnify and hold harmless the business?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are certificates of insurance updated on an annual basis?	<input type="checkbox"/>	<input type="checkbox"/>

SECURITY

- Is security provided? Yes No
If yes, type: Patrol Gated/Property Access Alarm Systems Security Cameras Locks
- Does the lease/rental agreement make any warranties with regard to security? Yes No
If yes, explain: _____

Complete only the sections that apply. Where appropriate, use Y (Yes) or N (No)

	Building 1	Building 2	Building 3	Building 4	Building 5
Patrol					
Are security guards armed?					
Indicate if guards are employees or independent contractors.					
If independent contractors, are certificates of insurance required?					
Is the applicant named as an additional insured on their policy?					
Is security 24 hours?					

Gated/Property Access					
Is the property fenced/gated?					
Is the building entrance secured?					

Alarm Systems					
Are alarm systems in every unit?					
Indicate if alarms are central station or locally monitored.					

Security Cameras					
Is there a security camera system?					
Are common areas and parking facilities lighted?					

Window and Door Locks					
Do sliding doors have additional locks?					
Are dead bolts on entry doors?					
Are viewing windows in front doors?					
Do windows have locks/bars?					
Are there dead bolts on the doors?					

HISTORY

1. Have you declared bankruptcy (Chapters 7, 11 or 13) within the last 5 years? Yes No

2. Have you had any prior losses due to mold? Yes No
If yes, explain: _____

3. Describe all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 years. (Include dates and final payout, or if not closed, current reserve amount.)

COVERAGES

1. Does the applicant desire Assault or Battery Coverage? Yes No If yes:
a. Have there been or are there currently any allegations, incidents, losses or claims for assault or battery?
 Yes No If yes, provide details: _____

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2. Answer the following if Custodial Services are provided? N/A
- a. Do you or someone you hire supervise or care for children, disabled or elderly? Yes No
 - b. Has the facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? Yes No
 - c. Have you or any employee, volunteer or other person working for you ever been arrested or convicted of a crime? Yes No
 - d. Do you perform background checks on all employees/volunteers? Yes No
 - e. Are there written policies and procedures for the prevention of abuse and molestation? Yes No
 - f. Has any facility that applicant has been associated with in the past ever had any incidents occur or claims brought against it while applicant was there? Yes No
 - g. Liability Limits requested:
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If "Yes" to any questions above, provide details:

FRAUD STATEMENTS

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.

Refer to the Core Application for all Fraud Statements.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Agent Name and Address		
