

CondoPak

Property & GL for Condominiums & Cooperatives

PROGRAM OVERVIEW

- A.M Best A+ Rated (Excellent) Carrier
- Admitted Coverage
- Available States: AK, AL, CT, DE, GA, IA, IL, IN, KS, KY, MA, MD, ME, MI, MO, MS, MT, NC, ND, NH, NJ, NM, NV, NY, OH, PA, RI, SC, SD, TN, UT, VA, VT, WI, WV, WY
- Competitive Rates
- Exclusive Program

SUBMISSIONS

All submissions should include the following:

- Completed Acord Application
- Completed CondoPak Supplemental Application
- Minimum of 4 years currently valued loss history

All Submissions should be sent to: CondoPak@newempireis.com

PROGRAM ELIBILITY REQUIREMENTS

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SUPPLEMENTAL APPLICATION FOR COMMUNITY ASSOCIATIONS

(TO BE USED IN CONJUNCTION WITH A COMPLETED ACORD APPLICATION)

PRODUCER INFORMATION

Agency Name		Phone:	
Account Contact		Email:	
Mailing Address:			
City:	State:	Zip Code:	
Inspection Contact:	Name:	Phone:	Email:

INSURED AND MANAGEMENT INFORMATION

Named Insured:		Effective Date:			
Association Type:	CONDOMINIUM <input type="checkbox"/>	COOPERATIVE <input type="checkbox"/>	HOA/PUD <input type="checkbox"/>		
Construction Type:	Joisted Masonry <input type="checkbox"/>	Non-Combustible <input type="checkbox"/>	Masonry Non-Combustible <input type="checkbox"/>	Modified Fire Resistive <input type="checkbox"/>	Fire Resistive <input type="checkbox"/>
Year Built:	Building Square Feet:		# of Floors:		
Has the building been renovated/gut rehabbed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what year?		
Years of Building Updates:	Wiring:	Plumbing:	Roof Replacement:		
	Roofing:	Heating:			
Building Limit:	Actual Amount of Business Income/Extra Expense:				
Total # of Units:	Rented Units:	Vacant units:	Sponsored/investor owned:	Sublets:	Air BnB:
Expiring Carrier:	Premium:		Target Premium:		
Does your agency control this risk?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Does the expiring policy have a lead exclusion?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Has the insured's policy been cancelled or non-renewed in the past three (3) years?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If yes, please explain:					
Is there any construction being performed, whether by your association or a neighboring building, that could affect your insurability (including but not limited to facade work, scaffolding, sidewalk repair, etc.)?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If yes, describe:					
Is the roof constructed of any type of shingles (asphalt, wood, etc.)?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Property Manager required to be covered for employee dishonesty?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If yes, what are the limits for:	Employee Theft:	Computer/Funds Transfer:	Forgery or Alteration:		

Insuring Requirements: ALL IN WALLS ONLY (*Copy of Bylaws Required)

BYLAWS VALUATION: All CondoPak policies include an Extended Replacement Cost endorsement which requires that the building be insured to full value. The valuation required by the board's bylaws is vital in determining proper value to ensure accurate payment in the case of a claim. Please ensure that you properly interpret the bylaws; incorrect valuation could result in inadequate coverage or paying additional premium for coverage that is not necessary.

ALL IN

Board is responsible for the building, all walls, and all attached fixtures including any improvement and betterments made by unit owners. Results in a higher building limit to account for the added exposure.

WALLS ONLY

Board is responsible for the building structure but nothing beyond the walls in each unit. No coverage is afforded for any fixtures or improvements, which are the responsibility of the individual unit owner. Results in a lower building limit.

Buildings will be values as "All In" unless "Walls Only" is selected AND confirmed by Bylaws

Select an Enhancement Form:

Coverage	DIAMOND <input type="checkbox"/>	DIAMOND ELITE <input type="checkbox"/>	DIAMOND ULTRA <input type="checkbox"/>
Ordinance B&C (Combined)	\$500,000	\$1,000,000	\$5,000,000
Business Income/Extra Expenses (ALS up to)	\$250,000	\$1,000,000	\$2,500,000
Broad Form Water* (Not included in NY)	\$250,000	\$1,000,000	\$1,000,000
Earth Movement	\$250,000	\$1,000,000	\$5,000,000

SUPPLEMENTAL APPLICATION FOR COMMUNITY ASSOCIATIONS

FIRE/LIFE SAFETY

Adequate means of egress per NFPA guidelines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there emergency lighting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire escapes when required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Illuminated exit signs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke detectors located in common areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Smoke detectors located in all units?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are smoke detectors hardwired?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no , is there a battery maintenance plan in effect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are carbon monoxide detectors installed where required by law?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a minimum of two (2) enclosed stairways? (Where required by NFPA guidelines)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a standpipe for delivering water to upper floors in case of fire? (Buildings taller than seven (7) stories)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire Alarm type (if applicable):	Manual <input type="checkbox"/>	Central Station <input type="checkbox"/>	None <input type="checkbox"/>		
Does the building contain any type of aluminum wiring?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Electrical:	Circuit Breakers <input type="checkbox"/>	If yes , Federal Pacific? <input type="checkbox"/>	Fuses <input type="checkbox"/>	If yes , S-Type? <input type="checkbox"/>	Other, explain:

ADDITIONAL EXPOSURES

Is this association a primary use association? (i.e., not a time share or short-term rental)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any commercial tenants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes , please list:
Is there any commercial cooking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do any units have balconies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes , what percentage of total units?		Is grilling permitted on balconies?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this location have a pool?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes ,	Fence:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Slide:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Proper Signage:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Pool depths clearly marked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Diving Board:	Yes <input type="checkbox"/>
		Safety Drain(s):	Yes <input type="checkbox"/>
		Cameras?	Yes <input type="checkbox"/>
		Pool Hours of Operation?	
Is there a dock/boat/lake exposure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Playground?
Clubhouse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parks/Trails?
Golf course?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Athletic courts/fields?
Fitness Center?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Daycare on premises?
Tanning Beds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Spa?
Underground fuel/oil tanks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the building have a basement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes , what is the square footage?
Is the basement finished?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Description of finished:
Does the insured maintain parking facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes , what is the square footage?		Outside Parking lot:	Basement Parking:
		1 st Floor Lot:	
Are there cameras in the garage/parking area(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there a GKLL exposure?
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the building have an elevator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes , how many?
Does the building permit dogs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes , provide details on any breed or size restrictions in place?			
Is there an EV charging station located on the insured's property?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes :	Where is it located?	Garage (inside building) <input type="checkbox"/>	Outdoor Parking Lot <input type="checkbox"/>
	If outdoor parking lot, what is the distance between the chargers and the building?		
Are E-Bikes permitted in the building common areas?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Are unit-owners/tenants permitted to store E-bikes in their units?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
If unit owners are not permitted to store e-bikes in units, how is this regulated?		Not Regulated <input type="checkbox"/>	

SUPPLEMENTAL APPLICATION FOR COMMUNITY ASSOCIATIONS

RISK MANAGEMENT

Does the Named Insured employ a Property Manager for the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , Name of Property Management Company:	Onsite <input type="checkbox"/>	Offsite <input type="checkbox"/>
If off-site management, are site visits:	At least weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
Number of Years Managing this Named Insured:	Other <input type="checkbox"/>	
Are background checks performed on employees and tenants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a doorman on site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , provide days and times doorman is on duty:		
Are certificates required when contracting for work to be performed on the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are hold harmless agreements in place when contractors are hired to perform work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the insured require insurance for all commercial tenants (if applicable)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please attach copies of certificates of insurance for all commercial tenants.		
Does the insured require insurance for all owners/tenants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a contract in place for snow removal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are snow logs maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the association have a reserve fund analysis for major projects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a roof replacement schedule in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the boiler been inspected in the last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the boiler inspected annually?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are sidewalks maintained and in good condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any curb/tree pit issues on the sidewalk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have security cameras monitoring sidewalks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , has the city/county been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , how long are videos kept?		
Are there any open lead violations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please explain:		
Are there any open mold violations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please explain:		

BOARD INFORMATION

Has the control been transferred to the board from the developer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a developer sitting on the board?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have there been any Directors and Officers claims made in the past three (3) years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have there been any Directors and Officers claims paid in the past three (3) years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the property manager have the authority to withdraw funds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is board approval required for all transactions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Who reconciles bank statements?	How often?	

I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

INSURED SIGNATURE

DATE

AGENT SIGNATURE

DATE