

CondoPak

Property & GL for Condominiums & Cooperatives

PROGRAM OVERVIEW

A.M Best A+ Rated (Excellent) Carrier

Competitive Rates

Admitted Coverage

Exclusive Program

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

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

- \triangleright Joisted Masonry Construction or Better (No Frame)
- \triangleright Condominiums or Cooperatives Only (No Apartments)
- Total Insured Value up to \$35M (\$15M in NY) (TIV = Total of Building Limit, Business Income, BPP & Ordinance)
- Owner-Occupancy at least 70%
- No Federal Pacific Stab-Lok Breakers; No Aluminum Wiring; No Cartridge Fuses (S-type only)
- \triangleright No New Construction or Buildings Coming off a Gut-Rehab
- \triangleright No Shingled Roofs
- No Ongoing Construction or Scaffolding \triangleright
- \triangleright No Coastal Exposures
- \triangleright Updates Completed within Past 20 years (including roof replacement)
- Building must be NC or better construction if mercantile has a commercial cooking exposure
- \triangleright No Schools, Houses of Worship, Daycares, Assisted Living, Section 8 Housing, Student Housing, HDFC Buildings
- Other Restrictions May Apply





SUPPLEMENTAL APPLICATION FOR COMMUNITY ASSOCIATIONS

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

		PI	RODUCER INFORMATION					
Agency Name			Phone:					
Account Contact			Email:					
Mailing Address:								
City:	State:		Zip Code:					
Inspection Contact: Na	me:		Phone:	Email:				
INSURED AND MANAGEMENT INFORMATION								
Named Insured:			Effective Date:					
Association Type: CONDOMI	NIUM COOPERATIV	/E □ HO	A/PUD 🗆					
Construction Type: Joisted Ma	sonry Non-Com	bustible 🗆	Masonry Non-Combustible	Modified Fire Resistive □	Fire Resistive □			
Year Built:		Building Squar	e Feet:	# of Floors:				
Has the building been renovated	d/gut rehabbed? Yes □	No □	If yes , what year?					
Years of Building Updates:		Wiring: Roofing:	Plumbing: Heating:	Roof Replacement:				
Building Limit:	Actual Amount of Business Income/Extra Expense:							
Total # of Units:	Rented Units: Va	cant units:	Sponsored/investor owned:	Sublets:	Air BnB:			
Expiring Carrier:		Premium:		Target Premium:				
Does your agency control this ri	sk?		Yes □	No □				
Does the expiring policy have a	lead exclusion?		Yes □	No □				
Has the insured's policy been ca If yes , please explain:	ncelled or non-renewed in the	e past three (3) ye	ars? Yes □	No □				
Is there any construction being performed, whether by your association or a neighboring building, that could affect your insurability (including but not limited to façade work, scaffolding, sidewalk repair, etc.)? Yes No								
If yes , describe:								
Is the roof constructed of any ty	pe of shingles (asphalt, wood,	etc.)?	Yes □	No □				
Property Manager required to b	e covered for employee disho	nesty?	Yes □	No □				
If yes, what are the limits for:	Employee Theft:	Comp	uter/Funds Transfer:	Forgery or Alteration:				
Insuring Requirements:	ALL IN	WAI	LS ONLY (*Copy of Bylaws Req	uired) 🗆				
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			WALLS ONLY				
	Board is responsible for the buildi attached fixtures including any i betterments made by unit owners building limit to account for the	improvement and s. Results in a higher	beyond the wa fixtures or imp	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.				
Select an Enhancement Form:	Buildings will be	values as "All In'	unless "Walls Only" is selected	d AND confirmed by Bylaws				

Coverage	DIAMOND	DIAMOND ELITE	DIAMOND ULTRA
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 □	l No □	Is there emergency ligh	ting?	Yes 🗆	No □
Fire escapes when required? Yes		l No □	Illuminated exit signs?		Yes 🗆	No □
Smoke detectors located in common areas?		l No □	Smoke detectors locate	ed in all units?	Yes 🗆	No □
Are smoke detectors hardwired?	Yes □	l No □	If no , is there a battery	maintenance plan in e	effect? Yes □	No □
Are carbon monoxide detectors installed where r	required by law?			Yes □	No □	
Is there a minimum of two (2) enclosed stairways	y NFPA guidelin	es)	Yes □	No □		
Is there a standpipe for delivering water to upper	floors in case of fire?	(Buildings talle	r than seven (7) stories)	Yes □	No □	
Fire Alarm type (if applicable):	Manual □		Central Station	None □		
Is the building sprinklered?	Yes 🗆	%	No □	If partial, where	?	
Are sprinklers inspected annually?	Yes □		No □			
Does the building contain any type of aluminum	wiring? Yes □	1	No □			
Electrical: Circuit Breakers	If yes , Federal Pacific	? 🗆 Fuse	es 🗆 If yes , S-Type? 🗆	Other, explain:		
		ADDIT	IONAL EXPOSURES			
Is this association a primary use association? (i.e.,				No □		
Are there any commercial tenants?	Yes 🗆	No 🗆	If yes , please list:			
Is there any commercial cooking?	Yes 🗆	No 🗆				
Do any units have balconies?	Yes 🗆	No □	le avillina normittos	l on halanias?	Vas 🗖	No □
If yes , what percentage of total units?	Yes 🗆	No □	Is grilling permitted	on balconies?	Yes 🗆	NO LI
Does this location have a pool? If yes , Fence:	Yes 🗆	No □	Diving Board:		Yes □	No □
Slide:	Yes 🗆	No □	Safety Drain(s):		Yes 🗆	No □
Proper Signage:	Yes 🗆	No □	Cameras?		Yes □	No □
Pool depths clearly marked?	Yes □	No □	Pool Hours of Oper	ration?		
Is there a dock/boat/lake exposure?	Yes □	No □	Playground?		Yes 🗆	No □
Clubhouse?	Yes □	No □	Parks/Trails?		Yes □	No □
Golf course?	Yes □	No □	Athletic courts/fiel	ds?	Yes □	No □
Fitness Center?	Yes □	No □	Daycare on premis	es?	Yes □	No □
Tanning Beds?	Yes □	No □	Spa?		Yes □	No □
Underground fuel/oil tanks?	Yes □	No □				
Does the building have a basement?	Yes □	No □	If yes , what is the s	quare footage?		
Is the basement finished?	Yes □	No □	Description of finis	hed:		
Does the insured maintain parking facilities?	Yes □	No □				
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 □	No □	Is there a GKLL exp	osure?	Yes □	No □
Does the building have an elevator?	Yes □	No □	If yes , how many?			
Does the building permit dogs?	Yes 🗆	No □	If yes , provide details on a	any breed or size restr	ictions in place?	
Is there an EV charging station located on the insured's property? Yes □ No □						
If yes: Where is it located? Garage (inside building) Outdoor Parking Lot If outdoor, what is the distance between the chargers and the building?						
Are E-Bikes permitted in the building common are	Yes □	No □				
Are unit-owners/tenants permitted to store E-bike	Yes □	No □	Not	Regulated \square		
If unit owners are not permitted to store e-bikes in units, how is this regulated?						



SUPPLEMENTAL APPLICATION FOR COMMUNITY ASSOCIATIONS

			RISK MANAGEMENT				
Does the Named Insured employ a Property Manager for the building?					No □		
If yes , name of property management company:				Onsite 🗆	Offsite [.	
If off-site management, are site visits: At least weekly ☐ Monthly ☐					Other 🗆		
Number of years managing this named insured:							
Are background checks performed on employees and tenants?				Yes □	No □		
Is there a doorman on site?				Yes □	No □		
If yes , provide days and times doorman is on duty:							
Are certificates required when contracting for work to b	e perform	ed on the buil	ding?	Yes □	No □		
Are hold harmless agreements in place when contractor	rs are hired	d to perform w	vork?	Yes □	No □		
Does the insured require insurance for all commercial to	enants (if a	pplicable)?		Yes □	No □		
If yes, please attach copies of certificates of insuran	ce for all c	ommercial ter	nants.				
Does the insured require insurance for all owners/tenants?					No □		
Is there a contract in place for snow removal?					No □		
Are snow logs maintained?					No □		
Does the association have a reserve fund analysis for major projects?					No □		
Is there a roof replacement schedule in place?				Yes □	No □		
Has the boiler been inspected in the last years?	Yes □	No □	Is the boiler inspected annually?	Yes □	No □		
Are sidewalks maintained and in good condition?	Yes □	No □					
Are there any curb/tree pit issues on the sidewalk?	Yes □	No □	If yes, has the city/county been notified?		Yes □	No □	
Do you have security cameras monitoring sidewalks?	Yes □	No □	If yes , how long are videos kept?				
Are there any open lead violations?	Yes □	No □	If yes , please explain:				
Are there any open mold violations?	Yes □	No □	If yes , please explain:				
BOARD INFORMATION							
Has the control been transferred to the board from the	developer	?		Yes □	No □		
Is there a developer sitting on the board?					No □		
Have there been any Directors and Officers claims made in the past three (3) years?					No □		
Have there been any Directors and Officers claims paid in the past three (3) years?					No □		
Does the property manager have the authority to withdraw funds?					No □		
Is board approval required for all transactions?					No □		
Who reconciles bank statements? How often?							
I hereby warrant, represent and confirm that, to the best of my kn	iowledge, all	information pro	ovided is complete, true and correct.				
INSURED SIGNATURE				DATE			

