

## **CondoPak**

### Property & GL for Condominiums & Cooperatives

#### **PROGRAM OVERVIEW**

A.M Best A+ Rated (Excellent) Carrier

Competitive Rates

Admitted Coverage

Exclusive Program

Available States:

 $\mathsf{AK}, \mathsf{AL}, \mathsf{CT}, \mathsf{DE}, \mathsf{GA}, \mathsf{IA}, \mathsf{IL}, \mathsf{IN}, \mathsf{KS}, \mathsf{KY}, \mathsf{MA}, \mathsf{MD}, \mathsf{ME}, \mathsf{MI}, \mathsf{MO}, \mathsf{MS}, \mathsf{MT}, \mathsf{NC}, \mathsf{ND}, \mathsf{NH}, \mathsf{NJ}, \mathsf{NM}, \mathsf{NV}, \mathsf{NY}, \mathsf{OH}, \mathsf{PA}, \mathsf{RI}, \mathsf{SC}, \mathsf{NC}, \mathsf{NC},$ 

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**

- > Joisted Masonry Construction or Better (No Frame)
- > 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)
- ➤ No New Construction or Buildings Coming off a Gut-Rehab
- No Shingled Roofs
- ➤ No Ongoing Construction
- No Coastal Exposures
- > Updates Completed within Past 20 years (including roof replacement)
- Building must be NC or better construction if mercantile has a commercial cooking exposure
- 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)

		PRODUCER INFORMATION							
Agangu Nama									
Agency Name		Phone:							
Account Contact		Email:							
Mailing Address:	<u> </u>								
City:	State:	Zip Code:							
Inspection Contact: Nam	ne:	Phone:	Emai	<u> :</u>					
INSURED AND MANAGEMENT INFORMATION									
Named Insured: Effective Date:									
Association Type: CONDOMIN	IIUM □ COOPERATIVE □	HOA/PUD □							
Construction Type: Joisted Mas	onry   Non-Combustible	Masonry Non-Combustible	Modified Fire Resistiv	ve □ Fire Resistive □					
Year Built:	Building S	quare Feet:	# of Floors:						
Has the building been renovated,	/gut rehabbed? Yes □ No □	If <b>yes</b> , what year?							
Years of Building Updates:	Wiring: Roofing:	Plumbing: Heating:	Roof Replacement:						
Building Limit:		Actual Amount of Busine	ss Income/Extra Expense:						
Total # of Units:	tented Units: Vacant units:	Sponsored/investor owned:	Sublets:	Air BnB:					
Expiring Carrier:	Premium:	:	Target Premium:						
Does your agency control this risl	k?	Yes □	No □						
Does the expiring policy have a le	ead exclusion?	Yes □	No □						
Has the insured's policy been cancelled or non-renewed in the past three (3) years?  Yes  No									
Is there any construction being performed, whether by your association or a Yes No neighboring building, that could affect your insurability (including but not limited to facade work, scaffolding, sidewalk repair, etc.)?									
If <b>yes</b> , describe:									
Is the roof constructed of any typ	oe of shingles (asphalt, wood, etc.)?	Yes □	No □						
Property Manager required to be	e covered for employee dishonesty?	Yes □	No □						
If yes, what are the limits for:	Employee Theft: Co	omputer/Funds Transfer:	Forgery or Alteration	on:					
Insuring Requirements:	ALL IN	WALLS ONLY (*Copy of Bylaws Req	uired) 🗆						
<b>BYLAWS VALUATION</b> : 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						
I	Board is responsible for the building, all walls, an		onsible for the building structure bu	0					
b	attached fixtures including any improvement ar betterments made by unit owners. Results in a hi <sub>l</sub> building limit to account for the added exposur	gher fixtures or imp	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	DIAMOND EL	ITE 🗆	DIAMOND ULTRA					
Ordinance B&C (Combined) Business Income/Extra Expenses (ALS Broad Form Water* (Not included in N	• •	\$1,000,000 \$1,000,000 \$1,000,000		\$5,000,000 \$2,500,000 \$1,000,000					

\$1,000,000

\$5,000,000

\$250,000

Earth Movement



# SUPPLEMENTAL APPLICATION FOR COMMUNITY ASSOCIATIONS

FIRE/LIFE SAFETY								
Adequate means of egress per NFPA guidelines?	Yes □	l No □	Is there emergency lighting?	Yes □	N	No 🗆		
Fire escapes when required?	Yes □	l No □	Illuminated exit signs?	Yes □	N	No 🗆		
Smoke detectors located in common areas?	Yes □	l No □	Smoke detectors located in al	I units? Yes □	N	No 🗆		
Are smoke detectors hardwired?	Yes □	l No □	If <b>no</b> , is there a battery mainte	enance plan in effect?	Yes □	No □		
Are carbon monoxide detectors installed where	required by law?			Yes □	No □			
Is there a minimum of two (2) enclosed stairway	rs? (Where required by	/ NFPA guidelin	es)	Yes □	No □			
Is there a standpipe for delivering water to uppe	r than seven (7) stories)	Yes □	No □					
Fire Alarm type (if applicable):	Central Station □ N	lone 🗆						
Does the building contain any type of aluminum	wiring? Yes □	l	No □					
Electrical: Circuit Breakers	If <b>yes</b> , Federal Pacific	? □ Fuse	s □ If <b>yes</b> , S-Type? □ C	Other, explain:				
		ADDI"	TIONAL EXPOSURES					
Is this association a primary use association? (i.e.	, not a time share or sh	nort-term renta	I) Yes 🗆	No □				
Are there any commercial tenants?	Yes □	No □	If <b>yes</b> , please list:					
Is there any commercial cooking?	Yes □	No □						
Do any units have balconies?	Yes □	No □						
If yes, what percentage of total units?			Is grilling permitted on ba	lconies?	Yes □	No □		
Does this location have a pool?	Yes □	No □						
If <b>yes</b> , Fence:	Yes □	No □	Diving Board:	,	Yes □	No □		
Slide:	Yes □	No □	Safety Drain(s):	١	Yes □	No □		
Proper Signage:	Yes □	No □	Cameras?	١	Yes □	No □		
Pool depths clearly marked?	Yes □	No □	Pool Hours of Operation?					
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/fields?	,	Yes □	No □		
Fitness Center?	Yes □ —	No □	Daycare on premises?		Yes □ —	No □ —		
Tanning Beds?	Yes □	No □	Spa?	,	Yes □	No □		
Underground fuel/oil tanks?	Yes 🗆	No 🗆						
Does the building have a basement?	Yes □	No □	If <b>yes</b> , what is the square	footage?				
Is the basement finished?	Yes 🗆	No 🗆	Description of finished:					
Does the insured maintain parking facilities?	Yes   Outside 1	No 🗆	Document Derking		1st Floor La	<b>^+</b> ·		
If <b>yes</b> , what is the square footage?  Are there cameras in the garage/parking area(s)	Yes	Parking lot: No □	Basement Parking: Is there a GKLL exposure?	<b>)</b>	1 <sup>st</sup> Floor Lo	No □		
Does the building have an elevator?	Yes 🗆	No 🗆	If yes, how many?	<u> </u>	тез ш	NO L		
Does the building permit dogs?	Yes 🗆	No 🗆	ii yes, now many:					
If <b>yes</b> , provide details on any breed or size restrictions in place?								
Is there an EV charging station located on the insured's property?  Yes   No								
If <b>yes</b> : Where is it located?	Garage (inside bui		Outdoor Parking Lot					
If outdoor parking lot, what is the distance between the chargers and the building?								
Are E-Bikes permitted in the building common areas?  Yes  No								
Are unit-owners/tenants permitted to store E-bikes in their units?  Yes  No  No  Not Regulated  Not Not Regulated								
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	Does the Named Insured employ a Property Manager for the building?							
If <b>yes</b> , Name of Property Management Company:					Offsite □			
If off-site management, are site visits: At least weekly $\square$ Monthly $\square$					her 🗆			
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:	If yes, provide days and times doorman is on duty:							
Are certificates required when contracting for work to	be perform	ed on the buil	ding?	Yes □	No □			
Are hold harmless agreements in place when contract	ors are hired	d to perform w	vork?	Yes □	No □			
Does the insured require insurance for all commercial	tenants (if a	pplicable)?		Yes □	No □			
If yes, please attach copies of certificates of insura	If yes, please attach copies of certificates of insurance for all commercial tenants.							
Does the insured require insurance for all owners/ten	ants?			Yes □	No □			
Is there a contract in place for snow removal?				Yes □	No □			
Are snow logs maintained?				Yes 🗆	No □			
Does the association have a reserve fund analysis for	major projec	ts?		Yes 🗆	No □			
Is there a roof replacement schedule in place?				Yes 🗆	No □			
Has the boiler been inspected in the last year?	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 <b>yes</b> , has the city/county been notified?	Yes □	No □			
Do you have security cameras monitoring sidewalks?	Yes 🗆	No □	If <b>yes</b> , how long are videos kept?					
Are there any open lead violations?	Yes 🗆	No □	If <b>yes</b> , please explain:					
Are there any open mold violations?	Yes 🗆	No 🗆	If <b>yes</b> , please explain:					
			BOARD INFORMATION					
Has the control been transferred to the board from th	e developer	?	Υ	'es □	No □			
Is there a developer sitting on the board?			Υ	'es □	No □			
Have there been any Directors and Officers claims <b>made</b> 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?			Υ	'es □	No □			
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								
AGENT SIGNATURE								

