

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:

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:					
Has the building been renovated/gut rehabbed?		<i>If yes, what year?</i>			
Has the building had the plumbing updated in the last 20 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<i>If yes, describe:</i>					
Building Limit:	Total # of Units:	Number of Rented/Unsold Units (including sponsored/investor owned):			
Actual amount of Business Income/Extra Expense:					
Expiring Carrier:	Premium:	Target Premium:			
Does your agency currently 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"/>		
<i>If yes, please explain:</i>					
Is there any ongoing construction or any construction planned during the policy period?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
<i>If yes, describe:</i>					
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"/>		
<i>If yes, what are the limits for:</i>	Employee Theft	Computer/Funds Transfer Fund	Forgery and Alteration		

UMBRELLA COVERAGE:

Expiring Carrier:							
Limit Requested:	\$5M <input type="checkbox"/>	\$10M <input type="checkbox"/>	\$15M <input type="checkbox"/>	\$25M <input type="checkbox"/>	\$45M <input type="checkbox"/>	\$70M <input type="checkbox"/>	\$95M <input type="checkbox"/>
Comments:							

SUPPLEMENTAL APPLICATION FOR COMMUNITY ASSOCIATIONS

Insuring Requirements*: **ALL IN** **WALLS ONLY** **ORIGINAL SPECS**

* **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	ORIGINAL SPECS
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.	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.	Board is responsible for the building, all walls, and for attached fixtures that were included with original construction. Improvements and betterments are the responsibility of the individual unit owner. Building limit falls between that of All In and Walls Only.

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	\$250,000	\$1,000,000	\$1,000,000
Earth Movement	\$250,000	\$1,000,000	\$5,000,000

FIRE/LIFE SAFETY

Is there a minimum of two (2) means of egress from each floor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is there emergency lighting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire escapes where 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"/>		
<i>If no</i> , is there a battery maintenance plan in effect?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes</i> , describe:	
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? (Buildings taller than seven (7) stories)	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"/>		
Is the building sprinklered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If partial, where:	
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"/>	<i>If yes</i> , please list (or attach rent roll):	
Does the location have a pool?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If yes</i> , Fence:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diving Board:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Slide:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety Drain(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proper Signage:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is there a dock/boat/lake exposure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Playground?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SUPPLEMENTAL APPLICATION FOR COMMUNITY ASSOCIATIONS

ADDITIONAL EXPOSURES (CONTINUED)

Clubhouse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parks/Trails?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Golf course?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Athletic courts/fields	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fitness center?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Daycare on premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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"/>	<i>If yes, what is the square footage?</i>		
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"/>	<i>If yes, is there a GKLL exposure?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the building contain an elevator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes, how many?</i>		

RISK MANAGEMENT

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"/>			
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"/>			
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"/>

BOARD INFORMATION

Has the control been transferred to the board from the developer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is the 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:				

 INSURED SIGNATURE

 DATE

 AGENT SIGNATURE

 DATE