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## CONDOMINIUM OR HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION

Applicant's Name \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_  
 Web site Address \_\_\_\_\_

Agency Name \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Phone \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  
 Limited Liability Company  Other (Specify): \_\_\_\_\_

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

**Limits Of Liability And Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage to Premises Rented to You (any one premises)	\$
Medical Expense (any one person)	\$
Limited Participants Liability	\$
Other Coverages, Restrictions and/or Endorsements:	\$
Deductible	\$

1. **Years in business:** \_\_\_\_\_

2. **Is there any development and/or construction operations contemplated or in progress?**.....  Yes  No  
 If yes, explain: \_\_\_\_\_

3. Is the builder or developer a member of the board of directors for the association? .....  Yes  No
4. How many units are in the name of or owned by the builder or developer? \_\_\_\_\_
5. Is association membership voluntary? .....  Yes  No  
 If yes: How many unit owners are association members? \_\_\_\_\_  
 How many non-association units are within the boundaries of the association? \_\_\_\_\_
6. Number of units: \_\_\_\_\_ Single family homes: \_\_\_\_\_ Townhomes: \_\_\_\_\_ Condos: \_\_\_\_\_  
 Commercial condos: \_\_\_\_\_ Time-shares: \_\_\_\_\_
7. How many of the units have not been sold? \_\_\_\_\_
8. How many units are rented to others (not owner occupied)? \_\_\_\_\_  
 If units are rented to others, does the Association control the rentals? .....  Yes  No
9. Number of stories: \_\_\_\_\_ Sprinkled? .....  Yes  No  
 Fire resistive? .....  Yes  No
10. Total number of employees: \_\_\_\_\_
11. Does applicant lease employees? .....  Yes  No
12. Any prior losses due to mold? .....  Yes  No  
 If yes, has mold been completely remediated? .....  Yes  No
13. How many swimming/wading pools? \_\_\_\_\_ Number of diving boards, pool slides or diving platforms: \_\_\_\_\_  
 Any diving boards or platforms over one meter in height? .....  Yes  No  
 Any slides over 10 ft. in height? .....  Yes  No  
 Are rules posted? .....  Yes  No  
 Are pools fenced? .....  Yes  No  
 Are gates self-closing and locking? .....  Yes  No  
 Any lifeguards? .....  Yes  No  
 Are all swimming pools, wading pools, hot tubs and spas in compliance with the Virginia Graeme Baker  
 Pool and Spa Safety Act? .....  Yes  No
14. Number of:
- |                    |                |                     |             |
|--------------------|----------------|---------------------|-------------|
| Baseball parks     |                | **Lakes             | _____ acres |
| Basketball courts  |                | Playgrounds         |             |
| Bathing beaches    | / _____ sq ft. | Racquetball courts  |             |
| Boat docks/slips   |                | Restaurants/Lounges |             |
| Boat ramps         |                | Saunas              |             |
| Boat rentals       |                | Shooting ranges     |             |
| Clubhouses         |                | Shuffleboard courts |             |
| Convenience stores |                | Spas/hot tubs       |             |
| *Dams              |                | Streets/roads       | _____ miles |
| Diving rafts       |                | Tennis courts       |             |
| Ice skating        |                | Volleyball courts   |             |
- \* (If applicable, complete Dam Questionnaire GLS-113)
- \*\* Is swimming allowed in the lakes? .....  Yes  No
15. Does the association have an airport or airstrip? .....  Yes  No

16. **Any waterworks/sewage treatment/disposal facilities?** .....  Yes  No  
Describe in detail: \_\_\_\_\_  
If yes, is it maintained and operated by insured? .....  Yes  No
17. **Any garbage dumps or landfills?**.....  Yes  No
18. **Is the association responsible for maintenance of the roads?** .....  Yes  No  
If so, how many miles of road? \_\_\_\_\_
19. **How many parks?** \_\_\_\_\_ Describe in detail: \_\_\_\_\_  
\_\_\_\_\_  
How many trails? \_\_\_\_\_
20. **Any horse trails or bike trails?** .....  Yes  No  
If yes, how many miles of trails? \_\_\_\_\_ Describe in detail: \_\_\_\_\_  
\_\_\_\_\_
21. **Any stables?** .....  Yes  No **Riding arenas?** .....  Yes  No  
**Jumps?** .....  Yes  No **Saddle animals for hire?**.....  Yes  No
22. **Is this a master association which provides group common areas for individual associations?**....  Yes  No
23. **Does association include institutional members?** .....  Yes  No
24. **Any security guards on premises?** .....  Yes  No  
If yes, how many? \_\_\_\_\_ Are they armed or unarmed? \_\_\_\_\_  
Does association directly employ guards?.....  Yes  No  
If outside security guard service, are certificates of insurance required? .....  Yes  No
25. **Does applicant have Workers Compensation coverage in force?**.....  Yes  No
26. **Any special events?** .....  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
27. **Any sponsored athletic teams?** .....  Yes  No  
If yes, please describe: \_\_\_\_\_
28. **Any other exposures which the association is responsible for?**.....  Yes  No
29. **Please attach any descriptive or advertising literature.**
30. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
31. **Does applicant have other business ventures for which coverage is not requested?**.....  Yes  No  
If yes, explain and advise where insured: \_\_\_\_\_  
\_\_\_\_\_

**32. Prior Carrier Information:**

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

**33. Loss History:**

<p>Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years.</p>				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNINGS:**

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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 in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of

misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO RHODE ISLAND APPLICANTS:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (Applicable in Tennessee, Virginia and Washington):** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

————— IMPORTANT NOTICE —————

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.