



SUPPLEMENTAL APPLICATION FOR COMMUNITY ASSOCIATIONS

(to be used in conjunction with a completed Acord submission)

PRODUCER INFORMATION

Agency Name:			Account Contact:		
Address:			Phone:		
City:	State:	Zip:	Email:		

INSURED & MANAGEMENT FIRM INFORMATION

Named Insured:			Effective Date:		
Association Type: Condominium <input type="checkbox"/>			Cooperative <input type="checkbox"/>		HOA/PUD <input type="checkbox"/>
Management Firm:			Address:		
Property Manager:		Phone:	Email:		
Has the building been renovated/gut rehabbed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what year?	
Has the building had all major systems updated in the last 20 years?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Building Limit:		Total # of Units:	Number of Rented/Unsold Units:		
Insuring requirements: All In <input type="checkbox"/>			Walls Only <input type="checkbox"/>		Original Specs <input type="checkbox"/>
Annual Business Income/Extra Expense Limit:					
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:		
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 Fund	Forgery and Alteration		

Does your agency currently control this risk? Yes No

POLICY INFORMATION

Expiring Carrier: _____ Premium: _____ Target Premium: _____

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"/>	Smoke detectors located in all units?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke detectors located in common areas?		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"/>	If yes, 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"/> Partial <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 this building contain any type of aluminum wiring?						Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 (or attach rent roll):	
Does the location have a pool?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, 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"/>
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"/>
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"/>		
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, is there a GKLL exposure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, limit required:	
Is any construction planned during the requested policy period?	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"/>

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"/>	
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"/>	
Do the hallways/stairwells contain illuminated exit signs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the building contain an elevator?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how many?	
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"/>

Insured Signature: _____

Date: _____

Agent Signature: _____

Date: _____