

# PEOPLEFIRST

Property & Casualty Services

## COMMUNITY ASSOCIATION STANDARD INSURANCE APPLICATION

### QUALIFICATION CHECK LIST

- Association Name: \_\_\_\_\_
- On Site Management ? :  Yes  No
- Manager/Management Company Name: \_\_\_\_\_
  
- Current Agent: \_\_\_\_\_ How Long with Agent ? \_\_\_\_\_
- Relationship with Agent ? (board, management company, longevity, etc) \_\_\_\_\_
  
- Current Carrier(s):
  - Package \_\_\_\_\_
  - Wind \_\_\_\_\_
  - D&O \_\_\_\_\_
  - Umbrella \_\_\_\_\_
  - WC \_\_\_\_\_
- Excess Lines ? \_\_\_\_\_ Why? \_\_\_\_\_
  
- What Other Agents are Quoting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Can we get Market Assignment ? \_\_\_\_\_
- Last Time out to Bid? \_\_\_\_\_
- Realistically Looking to Move or "just getting quotes" \_\_\_\_\_
- What is Board looking for by Bidding ? *Price / Coverage / Loss Control / Other*
  
- Do you understand Process ? (*Loss Runs, Additional Info, Timing, etc*)  
**Yes**  
**No : Plesae Explain** \_\_\_\_\_

# I. General Information

1. **Community Association Type** Check all that apply:

<input type="checkbox"/> Residential Condominium	<input type="checkbox"/> Beach Front Residence Association
<input type="checkbox"/> Cooperative Apartment	<input type="checkbox"/> 55+ Active Adult Association:
<input type="checkbox"/> Homeowners Association (with residential building coverage)	<input type="checkbox"/> Rental Association

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2. **Other Insurance Coverages** Attach applications:

Commercial Automobile       Workers Compensation/Employers Liability       Employee Benefits Liability

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3. **Attach a complete copy of each of the following with this application:**

<ul style="list-style-type: none"> <li>• Complete Declarations &amp; Bylaws (<b>not just insurance sections</b>)</li> <li>• Site Plan</li> <li>• Current photographs of residential and nonresidential buildings</li> </ul>	<ul style="list-style-type: none"> <li>• 5yr currently valued (<i>carrier</i>) loss runs</li> <li>• Audited or Most Recent Financial Statements</li> <li>• Current Schedule of Insurance</li> </ul>
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A. **Association's Name:** \_\_\_\_\_

B. **Association's Mailing Address** (C/O, Street, City, State, Zip Code): \_\_\_\_\_

C. **Proposed Effective Date** (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Is account being quoted midterm?       yes  no

D. **Management Company's Name:** \_\_\_\_\_  
**Managers Name:** \_\_\_\_\_ **Manager Designations:** \_\_\_\_\_

E. **Management Company's Address** (Street, City, State, Zip Code or check if same as:  B :      **Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

F. **Property Location - Physical Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Distance from Coastal Waters :** \_\_\_\_\_ miles

# II. Rating Information – Property Coverages

A. **RESIDENTIAL BUILDINGS, ATTACHED BUILDINGS & UNITS:** \_\_\_\_\_

- # of freestanding residential buildings A **freestanding** building is physically separated and detached from other buildings. PLEASE GIVE A BREAKDOWN OF EACH BUILDING THAT MAKES UP THE TOTAL # OF BUILDINGS AND UNITS (ie: 5 buildings with 20 units, 3 buildings with 15 units, etc)

_____ Buildings with _____ Units	_____ Buildings with _____ Units	_____ Buildings with _____ Units
_____ Buildings with _____ Units	_____ Buildings with _____ Units	_____ Buildings with _____ Units
_____ Buildings with _____ Units	_____ Buildings with _____ Units	_____ Buildings with _____ Units
_____ Buildings with _____ Units	_____ Buildings with _____ Units	_____ Buildings with _____ Units

- # of Residential Units Complete : \_\_\_\_\_ *if not complete* # of residential built to date: \_\_\_\_\_
- # of stories: \_\_\_\_\_
- Average Sale/Resale Price \_\_\_\_\_
- # Rented or Leased Units: \_\_\_\_\_
- # Seasonal or NonPermanent: \_\_\_\_\_
- # of Professional Units: \_\_\_\_\_

Year built: \_\_\_\_\_  
Year converted: \_\_\_\_\_

- If converted, describe prior occupancy: \_\_\_\_\_

List any updates (Roofing, Siding, Electrical, Plumbing, etc): \_\_\_\_\_

- Building area not including basements, attached garages or carports (See next item): \_\_\_\_\_ sq. ft.
- All finished basements: \_\_\_\_\_ sq. ft.
- All unfinished basements: \_\_\_\_\_ sq. ft.
- All attached garages & carports: \_\_\_\_\_ sq. ft.
- 100% Insurable replacement cost: \_\_\_\_\_

## II. Rating Information – Property Coverages

**B FIREWALLS:**

Are there Firewalls between units: yes  no  Number Units/ Firewalls \_\_\_\_\_

Type: \_\_\_\_\_

**C. COMMUNITY PERSONAL PROPERTY:** Do not include the value of any property covered under section III.I. Other Property Coverages.

• 100% replacement cost \$ \_\_\_\_\_

**D. MAINTENANCE FEES:** Please provide the total ANNUAL maintenance fees/dues for the Association

• Annual Maintenance Fees \$ \_\_\_\_\_

**E. BUILDING CONSTRUCTION:**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> 1. Frame                        | <input type="checkbox"/> 4. Stucco*                  | <input type="checkbox"/> 7. Masonry Noncombustible -----  | <input type="checkbox"/> with Wood Roof |
| <input type="checkbox"/> 2. Brick Veneer*                | <input type="checkbox"/> 5. Joisted Masonry          | <input type="checkbox"/> 8. Modified Fire Resistive ----- | <input type="checkbox"/> with Wood Roof |
| <input type="checkbox"/> 3. Noncombustible               | <input type="checkbox"/> 6. Superior Joisted Masonry | <input type="checkbox"/> 9. Fire Resistive -----          | <input type="checkbox"/> with Wood Roof |
| <input type="checkbox"/> 10. Other or Mixed (Specify)**: |  |   |   |

**F. SPRINKLER PROTECTION:** Only buildings that are 100% sprinklered are considered sprinklered.

- All buildings 100% sprinklered? yes  no  • \*Some, not all, buildings 100% sprinklered? yes  no
- \* Attach a statement of values indicating square footage of each building and whether or not the building is 100% sprinklered.

**FIRE HYDRANTS:** Number of Fire Hydrants in the Community: \_\_\_\_\_

**G. VALUES & SQUARE FOOTAGE:** All structures shown are automatically covered. No additional information is required.

Detached Buildings:	Construction	100% Insurable Repl. Cost	Square Footage	# of Stories
Garages/Carports	_____	_____	_____	_____
Clubhouse	_____	_____	_____	_____
Meeting Center	_____	_____	_____	_____
Sewage Treatment Facility	_____	_____	_____	_____
Water Treatment Facility	_____	_____	_____	_____
Maintenance Building	_____	_____	_____	_____
Other ( )	_____	_____	_____	_____
Other ( )	_____	_____	_____	_____

**H. INSURING AGREEMENT** Refer to state statute and association documents to determine the correct insuring agreement.

**Agreement:** \_\_\_\_\_ **Policy coverage:** \_\_\_\_\_

**BARE WALLS:** Buildings and Structures, only. No coverage for Units and Private Storage Areas.

**SINGLE ENTITY:** Buildings, Structures, Units and Private Storage Areas and Original Specifications.

**I. OPTIONAL CAUSE OF LOSS** (Basic policy coverage includes **Special Causes of Loss**. The following **optional** causes can be added.)

	Limit of Insurance	Zone	Percentage Deductible (per building based on its R/C)
• Wind	_____	_____	<input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5% <input type="checkbox"/> 10%
• Earthquake	_____	_____	<input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5% <input type="checkbox"/> 10%
• Flood	_____	Circle Appropriate Zone: A : B : X : C	
• Mold	_____		

**Do you have an Evacuation Plan?:** yes  no  If yes, can you provide documentation yes  no

**E. POTENTIAL EXPOSURES:** • If you circle "N/A" for a question in the **left** column, go **down** to the next question.  
**N/A means No or Not Applicable** • If not, go **across** and complete information in the **right** column before proceeding.

1. Security provided by outside service? **N/A**

**Attach certificate of insurance with association as an additional insured and per occurrence limit of liability of at least \$1,000,000.**

Indicate all the following that are used:

Association employees ?     Subcontracted ?  
 Off duty police     Armed guards     Guard dogs

Are background checks performed on all persons in security work?     yes     no

• If performed by an outside service, give name of service:

• If performed by association, describe method:

2. Smoke detectors? **N/A**

• In common areas:     Hard wired     Battery powered  
• In units:     Hard wired     Battery powered

Are twice annual inspections performed on Battery Powered Smoke Detectors?     yes     no

3. Circuit Breakers? **N/A**

• In common areas:     yes     no  
• In units:     yes     no

4. Fireplaces? **N/A**

• Are there Fire Places or Wood Burning Stoves:     yes     no  
If yes, does the Association arrange inspection and cleaning yearly ?     yes     no

9. Wood shingled roofs? **N/A**

• On all buildings.     yes     no  
• If on some but not all buildings, indicate # of buildings.    # \_\_\_\_\_  
• Are spark arrestors on all chimneys?     yes     no

10. Fire retardant plywood? **N/A**

• Has a professional inspection been conducted?     yes     no  
△ Attach inspection report.  
• Explain specific corrections planned or taken and completion dates.

11. Does the community sponsor trips or events     yes     no  
If yes, is transportation provided by Association or Sub-Contractor: \_\_\_\_\_

12. Is there a formal snow removal Contract     yes     no    If yes, contractor name : \_\_\_\_\_

13. Are the roads maintained by the Association ?     yes     no    If yes, # of miles of road: \_\_\_\_\_

14. Is there a Sewer Treatment Plant     yes     no    If yes, is there emergency power source for pumps ?     yes     no  
is the Electrical wiring at UL explosion standards ?     yes     no  
is the reclamation basin fenced ?     yes     no

19. Health Facilities

Saunas, steam baths?     yes     no    **N/A**    • Equipped with automatic shut offs?     yes     no  
Hot tubs, Jacuzzis, spas?     yes     no    **N/A**    • Equipped with kill switches?     yes     no  
Weight/exercise facilities?     yes     no    **N/A**

Are the Facilities supervised?     yes     no    Hours of Operation: \_\_\_\_\_    Limited to Residents ?     yes     no

List any Additional Safeguards     Panic Button     Central Station     Phones     Specific Rules     Other: \_\_\_\_\_

Schedule of Equipment:	Equipment Type	Equipment Type
_____	# _____	_____ # _____
_____	# _____	_____ # _____
_____	# _____	_____ # _____
_____	# _____	_____ # _____

**E. POTENTIAL EXPOSURES:** • If you circle "N/A" for a question in the **left** column, go **down** to the next question.  
 N/A means No or Not Applicable • If not, go **across** and complete information in the **right** column before proceeding

19. Lakes, ponds, streams, beaches, docks, piers or wharves? **N/A**

Lake  Pond  Stream  Beach Indicate area of water: Acres: \_\_\_\_\_  
 yes  no

• Confined by dam, levy or dyke? Sq. ft.: \_\_\_\_\_  
 yes  no

• Indicate square footage of confined water area: Feet: \_\_\_\_\_  
 yes  no

• Indicate greatest depth: \_\_\_\_\_  
 yes  no

• Is the area fenced ? \_\_\_\_\_  
 yes  no

• Indicate or describe activities allowed, including the following:

boating

- Association owned boats?  yes  no
- Types: \_\_\_\_\_ • Uses: \_\_\_\_\_
- dock or pier fueling operations?  yes  no

swimming

- swimming area marked?  yes  no
- If not, "**Swim at Your Own Risk**" signs prominently posted?  yes  no

skating  fishing  boating  other: \_\_\_\_\_

scuba diving  tubing/rafting

Are signs posted ?  yes  no *if yes, check all that apply:*  
 No Fishing  No Swimming  No Boating  No Skating  Other: \_\_\_\_\_

20. Swimming pools including wading pools? **N/A**

• Does any pool have a slide?  yes  no

• Does any pool have a diving board?  yes  no

*If yes to either of above, Explain: \_\_\_\_\_*

• Indicate the following information for each pool:

**#1**  Outdoor  Indoor  Wading • Deep end depth \_\_\_\_\_ ft.

**#2**  Outdoor  Indoor  Wading • Deep end depth \_\_\_\_\_ ft.

• Fence around pools?  yes  no • Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

• Rented out for private parties?  yes  no

• Does the association sponsor a swim team?  yes  no

• Life guards required by ordinance?  yes  no

• Life guards on duty during hours of regular use?  yes  no

- Outside lifeguard service used?  yes  no
  - Certificate of insurance obtained?  yes  no
  - Association an additional insured?  yes  no
  - Per occurrence limit of \$ \_\_\_\_\_

• Life guards on duty during hours of regular use?  yes  no

• If not, "**Use at Your Own Risk**" signs prominently posted?  yes  no

• Life guards required by ordinance?  yes  no

• Outside lifeguard service used?  yes  no

- Certificate of insurance obtained?  yes  no
  - Association an additional insured?  yes  no
  - Per occurrence limit of: \$ \_\_\_\_\_

21. Golf courses? **N/A**

• Indicate number of holes on golf course: \_\_\_\_\_

• Driving ranges:  yes  no

• Facilities owned by association?  yes  no

• Facilities maintained by association?  yes  no

• Facilities operated by association?  yes  no

- Is separate liability policy carried?  yes  no

• Facilities operated by independent contractor?  yes  no

- Certificate of insurance obtained?  yes  no
- Association named as an additional insured?  yes  no
  - Per occurrence limit of liability? \$ \_\_\_\_\_

22. Facilities or amenities shared by or with another organization (association, hotel, etc?) **N/A**

• Describe sharing arrangement including the specific facilities amenities and equipment shared: Attach copy of any agreement.

• Certificate of insurance obtained from any entity using association facilities?  yes  no

- Association as an additional insured?  yes  no
- Per occurrence limit of: \$ \_\_\_\_\_

E. POTENTIAL EXPOSURES:		<ul style="list-style-type: none"> <li>If you circle "N/A" for a question in the <b>left</b> column, go <b>down</b> to the next question.</li> <li>If <b>not</b>, go <b>across</b> and complete information in the <b>right</b> column before proceeding.</li> </ul>
N/A means No or Not Applicable		
23. Club house, meeting center, restaurant, lounge?	N/A	<ul style="list-style-type: none"> <li>Cooking facilities? <input type="checkbox"/> yes <input type="checkbox"/> no</li> <li>Describe facilities &amp; protection: <input type="checkbox"/> yes <input type="checkbox"/> no</li> <li>Food, restaurant or bar service open to public? <input type="checkbox"/> yes <input type="checkbox"/> no               <ul style="list-style-type: none"> <li>Average hours per day/days per week open (hours/days): _____ / _____</li> </ul> </li> <li>Owned and operated by association? <input type="checkbox"/> yes <input type="checkbox"/> no               <ul style="list-style-type: none"> <li>If "no", certificate of insurance obtained from owner/operator? <input type="checkbox"/> yes <input type="checkbox"/> no                   <ul style="list-style-type: none"> <li>Association an additional insured? <input type="checkbox"/> yes <input type="checkbox"/> no</li> <li>Per occurrence limit of: \$ _____</li> </ul> </li> </ul> </li> <li>Is liquor served? <input type="checkbox"/> yes <input type="checkbox"/> no               <ul style="list-style-type: none"> <li>Name of liquor liability insurer: _____</li> <li>Liquor liability per occurrence limits of liability: \$ _____</li> </ul> </li> <li>Does the association sponsor events? <input type="checkbox"/> yes <input type="checkbox"/> no               <ul style="list-style-type: none"> <li>Number of events, annually: # _____</li> <li>Number of events, annually, with liquor served: # _____</li> <li>Participants provide hold harmless/indemnification agreement? <input type="checkbox"/> yes <input type="checkbox"/> no</li> </ul> </li> <li>Facilities rented to members and others? <input type="checkbox"/> yes <input type="checkbox"/> no               <ul style="list-style-type: none"> <li>Renters provide hold harmless/indemnification agreement? <input type="checkbox"/> yes <input type="checkbox"/> no</li> <li>Certificate of insurance obtained? <input type="checkbox"/> yes <input type="checkbox"/> no                   <ul style="list-style-type: none"> <li>Association an additional insured? <input type="checkbox"/> yes <input type="checkbox"/> no</li> <li>Per occurrence limit of: \$ _____</li> </ul> </li> </ul> </li> </ul>

## *Representatives Signature*

By signing below, I acknowledge that the information provided in this application is to the best of my knowledge as authorized representative of the Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of board member or other authorized representative is required.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

# VI. Directors & Officers/Fidelity Questionnaire - MANDATORY

In granting Directors & Officers Coverage and Employee Dishonesty Coverage, we have relied upon the declarations and statements indicated. These declarations and statements are the basis of coverage and will be considered as incorporated into and constituting part of the Directors & Officers Liability Coverage Part.

**A. ASSOCIATION:**

- Incorporated?  yes  no
- Date incorporated: \_\_\_\_\_
- Association 100% complete?  yes  no
- Date completed: \_\_\_\_\_
- Board control transferred from developer/builder/sponsor?  yes  no
- Date of transfer: \_\_\_\_\_
  - If within the last 6 months, indicate each of the following done:
  - Breakaway audit?  yes  no
  - Reserve Study?  yes  no
  - Certified budget?  yes  no
  - Transitional engineering report?  yes  no
  - Attorney reviews contracts?  yes  no
  - Attorney's name: \_\_\_\_\_

**B. BOARD MEMBERS:**

- Number of Directors & Officers \_\_\_\_\_
- Indicate each of the following on board:
  - Outside manager on board?  yes  no
  - Developer/builder/sponsor?  yes  no
    - Representatives?  yes  no
  - Syndicate or investors?  yes  no
  - Nonresidents?  yes  no
    - # of units owned by each nonresident board member: \_\_\_\_\_

**C. MANAGING AGENT:**

- Handles association funds?  yes  no
- Commingles with other funds?  yes  no
- Separate fidelity coverage?  yes  no
  - Insurer's name: \_\_\_\_\_
  - Amount: \$ \_\_\_\_\_
- Separate Errors & omissions insurance?  yes  no
  - Insurer's name: \_\_\_\_\_
  - Per claim limit: \$ \_\_\_\_\_
- Describe control of outside manager's:
  - Financial authority: \_\_\_\_\_
  - Management and rule enforcement authority: \_\_\_\_\_
  - Professional qualifications: \_\_\_\_\_

**D. FINANCIAL:**

- Unit owners/shareholders send fees to:
  - Association  Management co.
  - Accounting co.  Lock box
- Bank accounts:
  - Reconciled by: \_\_\_\_\_
  - Frequency: \_\_\_\_\_
  - Reviewed by: \_\_\_\_\_
- Separate operating account and reserve account?  yes  no
- Annual audit?  yes  no
  - Management letter given?  yes  no
  - Results given directly to board?  yes  no
    - Opinion qualified?  yes  no
    - Type (certified, compilation, etc.)? \_\_\_\_\_
  - Performed by: \_\_\_\_\_

**E. CHECK APPROVAL & COUNTERSIGNATURE**

	<b>Operating Account</b>	<b>Reserve Account</b>
• Prior board approval required for all checks.	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
• Countersignature is required:		
• For all checks	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
• For checks above indicated \$ threshold, only.	\$ _____	\$ _____
• Before outside manager can withdraw funds:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
• Outside manager's check signing limit:	\$ _____	\$ _____
• Name and title of person who countersigns?	_____	_____
• Indicate if countersignature is not required:	<input type="checkbox"/> not required	<input type="checkbox"/> not required

## VI. Directors & Officers/Fidelity Questionnaire – MANDATORY *continued.*

F. **DECLARATIONS & STATEMENTS** The following questions must be answered to the best of your knowledge and on the basis of reasonable inquiry of current board members, the current managing agent and any records ordinarily available to the board and the managing agent. ( Explain any “yes” answers on a separate sheet and attach):

Are you aware of:

1. Any structural or construction defect?  yes  no  
Attach any engineering inspection or survey related to the defect.
2. Any structural or construction defect claim ever made against the developer/builder/sponsor?  yes  no  
Attach any engineering inspection or survey related to the defect.
3. Anyone who handles association funds, who has ever stolen or misappropriated any property?  yes  no
4. Any legal action by the association against any member except for fees or assessments?  yes  no
5. Any claim made or pending against the association or any person as a director, officer, executive trustee, employee, manager, volunteer, staff or committee member or association member acting on behalf of the board?  yes  no
6. Any fact, circumstance or situation which you reasonably believe could give rise to a claim under this or any similar insurance you currently have or had in the past?  yes  no
7. Any insurer ever declining, canceling or nonrenewing fidelity coverage for the association, any employee of the association or any current board member?  yes  no
8. Any insurer ever declining, canceling or nonrenewing directors & officers (errors & omissions) coverage for the association, any employee of the association or any current board member?  yes  no

### *Directors and Officers/Fidelity Fraud Clause*

By signing below, I acknowledge that I have read and that I understand the applicable fraud statement on Page 8 Supplement which is part of this Application and which applies to all aspects of insurance provided.

Signature: \_\_\_\_\_  
Signature of board member or other authorized representative is required.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_