



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

HOMEOWNERS ASSOCIATION (PUD) PROGRAM SUPPLEMENTAL APPLICATION

Name of Association:
 Location address (required):
 City: State: Zip:
 SIC#: FEIN#:
 Website Address:
 Type of Association:
 Townhouse Cluster Home Single Home Other (specify):

SUBMISSION REQUIREMENTS

- Completed & SIGNED Supplemental Application
- Financials including budget
- Carrier generated currently – valued loss runs (current year + last three years)
- Plot Plan
- Copy of D & O declaration page (for umbrella)

SECTION I – GENERAL INFORMATION

- Management Company Name:
 Address:
 City: State: Zip:
- Billing Contact Name:
- Number of Units Developed:
- Projected Total number of units:
- Year property was built:
- Date of completion:
- Has management changed in the last three years? Yes No
- Is developer involved on the Association's board? Yes No

SECTION II – PREVIOUS CARRIER INFORMATION

(Last three years)

	Carrier	Expiration	Annual Premium
Package Policy:			\$
			\$
D & O:			\$
			\$
Fidelity (Crime):			\$
			\$
			\$
			\$

Describe all property or liability claims during the previous three years. (attach company loss runs)

SECTION III – COVERAGE SELECTION

A - Property Coverage Part

(Special Causes of Loss unless otherwise stated in Proposal)

<u>Building</u>			
<u>Limit of Insurance</u>	<u>Valuation</u>	<u>Coinsurance</u>	<u>Occupancy</u>

<u>Contents</u>			
<u>Limit of Insurance</u>	<u>Valuation</u>	<u>Coinsurance</u>	<u>Occupancy</u>

Construction of Building

- | | | | |
|-----------|------------|---------------|-------------|
| 1. Walls: | Wood Frame | Brick / Block | Steel Frame |
| 2. Roof: | Flat | Pitched | Other: |
| 3. Floor: | Wood Frame | Concrete | |

Building Attributes

- | | | | | |
|--|---|---|-----|-----|
| 1. Automatic Sprinklers? | | | Yes | No |
| % Sprinklered: | % | | | |
| If applicable, are sprinkler pipes running through attic area insulated? | | | N/A | Yes |
| 2. Central Station Alarm? | | | Yes | No |
| How are they monitored? | | | | |
| 3. Number of stories: | | Year Built: | | |
| 4. Distance from Fire Department: | | Number of Fire Hydrants within 60 feet: | | |

Deductible to Apply (Property)

\$1,000	\$2,500	\$5,000	Other:
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- | | | | |
|-----------------------------|--|-----|----|
| 1. Boiler Coverage desired? | | Yes | No |
|-----------------------------|--|-----|----|

B - General Liability Coverage Part

Limits of Liability:	\$	General Aggregate
	\$	Products Aggregate
	\$	Personal & Advertising Injury
	\$	Occurrence Limit
	\$	Fire Legal
	\$	Medical Payments

C - Automobile Coverage Part

- | | | | |
|----------------------------------|--|-----------------|----|
| 1. Hired and Non-Owned Coverage? | | Yes | No |
| Limit of Liability: \$ | | Exposure Units: | |

D - Crime Coverage Part

- | | | | |
|--|------------------|-------------------|----|
| 1. Blanket Employee Dishonesty: | Limit: \$ | Deductible: \$ | |
| 2. Loss of Monies & Securities: | On premises: \$ | Deductible: \$ | |
| | Off premises: \$ | Deductible: \$ | |
| 3. Number of officers and employees who have custody of money: | | | |
| 4. By whom is the financial audit completed? | | | |
| | CPA | Public Accountant | |
| | Staff | Other: | |
| 5. Frequency of audits: | Quarterly | Semi-Annually | |
| | Annually | | |
| 6. Is there a countersignature procedure in place? | | Yes | No |

7. Are the bank accounts reconciled by an individual other than someone who is authorized to make deposit or withdrawals? Yes No
8. Frequency of deposits:

E - Umbrella Coverage Part

- | | | | |
|---------------------------|-------|---------|----------------|
| 1. Limit of Liability: \$ | | | |
| 2. Underlying Insurance: | Limit | Carrier | Effective Date |
| Auto Liability: \$ | | | |
| General Liability: \$ | | | |
| Employers Liability: \$ | | | |
| D & O: \$ | | | |

SECTION IV – EXPOSURES

Description of Exposure	Number of each	Value
Clubhouse		\$
Cabana		\$
Docks / Slips		\$
Fitness Center (Property Limit applies if separate from clubhouse)		\$
Lakes (acres)		\$
Playground (each)		\$
Pools/Spa/Jacuzzi (each)		\$
Tennis Courts (each)		\$
Volley Ball Courts (each)		\$
Basketball Courts (each)		\$
Golf Courses (each)		\$
Gates (gated communities)		\$
Guardhouse		\$
Irrigation System (underground sprinkler system)		\$
RV Parking Lot		\$
Signs		\$
Trees/Shrubs		\$
Dog Park		\$
Miscellaneous (please describe):		\$
	Total Property limits:	\$

1. Playgrounds (if applicable), what pieces of equipment are there (specify):
 What is the surface under the equipment?
 Fenced? Yes No
2. Is it the financial responsibility of the Association to maintain the roads? Yes No
3. Is there a fitness center? Yes No
- a. What is the square footage?
- b. If yes, are there signed Release or Waiver of Liability forms required? Yes No
- c. If yes, are medical or clinical services provided? Yes No
- d. Are there fitness trainers? Yes No
4. Is there a swimming pool? Yes No
- a. Number of pools:
- b. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No
- If no, provide time table and action plan:
- c. Lifeguard on duty? Yes No

d.	Fenced with a self-locking gate?			Yes	No
e.	Clear depth markers?			Yes	No
f.	Visible life safety equipment?			Yes	No
g.	A sign posted with rules?			Yes	No
h.	Diving board over 1 meter?			Yes	No
i.	Slides?			Yes	No
j.	Does the Association sponsor a swim team?			Yes	No
k.	Are sports competitions or meets held on premises?			Yes	No
5.	Is there a lake?			Yes	No
a.	Who owns the lake?				
b.	Is swimming permitted?			Yes	No
c.	Fishing?			Yes	No
d.	Boating?			Yes	No
e.	Are there gasoline or diesel powered boats on the lake?			Yes	No
f.	Is there a dam?			Yes	No
g.	Are signs posted?			Yes	No
6.	Beaches (lake or coastal)?			Yes	No
a.	Lifeguard on duty?			Yes	No
b.	Are signs posted?			Yes	No
c.	Swimming area roped off?			Yes	No
7.	Do any of the following exposures exist?				
	Airport	Bridges		Sewage Treatment Facility	
	Animal Stables	Boat Rental		Ice Skating	
	Beach-Swimming (coastal)	Condominiums		Ski Resort Activities	
	Beach-Swimming (lake)	Construction Activity		Water Treatment Facility	
8.	Vegetation on hillside/slope:	Thick	Moderate	Barren	
	Brush Exposure:	Thick	Moderate	Barren	
9.	Property maintenance by outside insured contractor?			Yes	No
10.	Service contracts for electrical gates, elevators, plumbing, playground equipment, exercise equipment? (Please attach list)			Yes	No
11.	Clubhouse:	Square footage (area):			
a.	If the building has a flat roof, has it been recoated within the past 10 years?			Yes	No
b.	If the building has a pitched shingle roof, has it been replaced or re-shingled within the last 25 years?			Yes	No
c.	Age of roof:				
d.	Does the building have fully operational burglar alarm system?			Yes	No
e.	Are there smoke detectors in common areas of the building?			Yes	No
f.	Wiring type:	Copper	Aluminum	Other (specify):	
g.	Electrical service:	Circuit Breaker	Fuses	Other (specify):	
12.	Cabana (if applicable) enclosed?			Yes	No
13.	Liability insurance is verified for:				
	Landscaping	Maintenance	Pool Service	Plumbing	
14.	Security:				
a.	Is there security guards?			Yes	No
b.	Are they armed?			Yes	No
c.	Are security guards employed by Association or Independent Contractor?			Yes	No
	Association	Contractor			
	** If Independent Contractor, attach a copy of certificate of insurance.				
15.	Are any events held on premises?			Yes	No
16.	Any property leased to others?			Yes	No
17.	Any sports teams sponsored?			Yes	No

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

***Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.**

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)