

# CONDOMINIUM OR HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION

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

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements Deductible	\$	Total
		\$

- A. **Years in business:** \_\_\_\_\_
- B. **Have all development and/or construction operations been completed?**     Yes     No
- C. **Number of units** \_\_\_\_\_ Single family homes \_\_\_\_\_ Townhomes \_\_\_\_\_ Condos \_\_\_\_\_  
 Rental Units \_\_\_\_\_ Commercial Condos \_\_\_\_\_ Time-Shares \_\_\_\_\_
- D. **Number of stories** \_\_\_\_\_ Sprinkled?  Yes     No    Fire resistive?  Yes     No
- E. **How many swimming pools?** \_\_\_\_\_ Number of diving boards, pool slides, or diving platforms? \_\_\_\_\_  
 Any diving boards, pools slides, or diving platforms over 10ft. 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
- F. **Number of:**    Clubhouses \_\_\_\_\_ Convenience Stores \_\_\_\_\_ Saunas \_\_\_\_\_ Spas \_\_\_\_\_  
 Baseball parks \_\_\_\_\_ Volleyball courts \_\_\_\_\_ Tennis courts \_\_\_\_\_  
 Basketball courts \_\_\_\_\_ Racquetball courts \_\_\_\_\_ Playgrounds \_\_\_\_\_  
 Lakes (no. of acres) \_\_\_\_\_ Swimming allowed? \_\_\_\_\_ Ice Skating \_\_\_\_\_  
 Bathing beaches \_\_\_\_\_ Diving rafts \_\_\_\_\_ Boat docks \_\_\_\_\_  
 Boat rentals \_\_\_\_\_ Private airports \_\_\_\_\_ Shooting ranges \_\_\_\_\_  
 Restaurants/Lounges \_\_\_\_\_ Dams \_\_\_\_\_ (If applicable, complete Dam Questionnaire GLS-113)

- G. **Any waterworks/sewage treatment/disposal facilities?** .....  Yes  No  
Describe in detail: \_\_\_\_\_
- H. **Is the association responsible for maintenance of the roads?** .....  Yes  No  
If so, how many miles of road? \_\_\_\_\_
- I. **How many parks?** \_\_\_\_\_ Describe in detail: \_\_\_\_\_  
\_\_\_\_\_ How many trails? \_\_\_\_\_
- J. **Any horse trails or bike trails?** .....  Yes  No  
If yes, how many miles of trails? \_\_\_\_\_ Describe trails in detail: \_\_\_\_\_  
\_\_\_\_\_
- K. **Any stables?** .....  Yes  No      **Riding arenas?** .....  Yes  No  
**Jumps?** .....  Yes  No      **Saddle animals for hire?** .....  Yes  No
- L. **Is this a master association which provides group common areas for individual associations?** ...  Yes  No
- M. **Does association include commercial and/or institutional members?** .....  Yes  No
- N. **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
- O. **Total number of employees:** \_\_\_\_\_
- P. **Does applicant have Workers Compensation coverage in force?** .....  Yes  No
- Q. **Does applicant lease employees?** .....  Yes  No
- R. **Any special events?** .....  Yes  No
- S. **Any sponsored athletic teams?** .....  Yes  No  
If yes, please describe: \_\_\_\_\_
- T. **Any other exposures which the association is responsible for?** .....  Yes  No
- U. **Please attach any descriptive or advertising literature.**

**Previous Insurer: Indicate premium and losses for past three years. Describe all losses.**

YEAR	COMPANY	POL.#	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

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.

**APPLICABLE IN THE STATE OF NEW YORK:**

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.

**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.

NAME AND TITLE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Name and Phone Number of person to contact for inspection and/or premium audit purposes \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER \_\_\_\_\_

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.

**ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE**

Condominium or Homeowners Association

# Condominium and Homeowner Association Directors and Officers General Liability Application (Claims Made Basis)

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

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**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) \_\_\_\_\_

**This application must be signed and dated, and not completed earlier than 60 days before proposed effective date.  
 Answer all questions. If a question is not applicable, state NOT APPLICABLE. If the answer to any question is none, state NONE. If space is insufficient to answer any question fully, attach a separate sheet(s).**

**PLEASE TYPE OR PRINT IN INK.**

1. **Limit of liability each policy year:**                       \$300,000                       \$500,000                       \$1,000,000
2. **Deductible desired** (\$1,000 minimum deductible): \_\_\_\_\_
3. **Date of incorporation:** \_\_\_\_\_
4. **List directors and officers below** (use additional page if more than 10):

	Name	Director or Officer	Occupation	Months in residence
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

5. **Name and address of developer:** \_\_\_\_\_
6. **Number of units:** \_\_\_\_\_
7. **Average value:** \_\_\_\_\_
8. **Estimated market value of development:** \_\_\_\_\_
9. **Date development was completed:** \_\_\_\_\_
10. **Type of building:**  Single family dwellings  Condominiums  Townhomes  Other: \_\_\_\_\_
11. **Percentage of commercial occupancy:** \_\_\_\_\_
12. **Describe type of commercial occupancy:** \_\_\_\_\_
13. **Number of units currently owned by developer:** \_\_\_\_\_
14. **Date last unit completed and sold:** \_\_\_\_\_
15. **Does the declaration, master deed or bylaws provide for indemnification of the directors and officers?**

Yes  No

16. **Does developer/sponsor have any representation on the board of directors?**  Yes  No

If yes, explain: \_\_\_\_\_

17. **Date of annual meeting of association:** \_\_\_\_\_

18. **Has any insurer canceled, declined, or nonrenewed directors and officers liability insurance of this association?** (Not applicable in Missouri)  Yes  No

If yes, give reason: \_\_\_\_\_

19. **Has applicant previously had a directors and officers liability insurance policy?**  Yes  No

If yes, provide information below.

Company	Policy Number	Effective Dates	Claims Made or Occurrence

20. **Is the management of the association conducted by a management firm or agency?**

Yes  No

If yes, list name and address: \_\_\_\_\_

21. **Does any owner, director or officer of the association have a financial interest in or work for the management company?**  Yes  No

If yes, explain: \_\_\_\_\_

22. **Percentage of units rented or subleased on a short term or rental pool basis:** \_\_\_\_\_

If any, give details: \_\_\_\_\_

23. **Does the board have the power to condemn property?**  Yes  No

24. **Does applicant have Workers' Compensation coverage in force?**  Yes  No

25. **Does applicant lease employees?**  Yes  No

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No person proposed for this insurance is cognizant of any act, omission or error which he has reason to suppose might afford valid grounds for any future claim such as would fall within the scope of the proposed insurance except as follows (if none, indicate by "No exceptions"):

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The undersigned authorized officer of the condominium/cooperative declares that to the best of his knowledge and belief the statements set forth herein are true and complete, and knows of no other information which relates to the consideration of this insurance.

I understand that this application is for the issuance of a policy that provides liability coverage only for injuries that occur during the policy period and claims arising therefrom made during the policy period.

The undersigned hereby authorizes the release of claim information from any prior insurer to the Company.

NAME OF ENTITY: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

(Must be signed by Chairman of the Board or President)

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER \_\_\_\_\_

\*Signing this form 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. Application **must** be currently signed and dated to be considered for quotation.

NOTE: A copy of the association's two latest statements of conditions and a copy of the bylaws must accompany this proposal. No change in bylaws.

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