



**Condominium or Homeowners Association General Liability Application**

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

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

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

**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 Sports Participants Liability	\$
Other Coverages, Restrictions and/or Endorsements:	\$
Deductible	\$

- Years in business:** \_\_\_\_\_
- 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:  
 Condominiums-commercial: \_\_\_\_\_ Condominiums-residential: \_\_\_\_\_ Cooperative housing: \_\_\_\_\_  
 Single family homes: \_\_\_\_\_ Time-shares: \_\_\_\_\_ Townhomes/Townhouses: \_\_\_\_\_  
 Other (describe): \_\_\_\_\_
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, how many units does the Association control the rental of? \_\_\_\_\_  
 How many units are rented on a daily, weekly or monthly basis? \_\_\_\_\_
9. Number of stories: \_\_\_\_\_  
 Sprinklered?.....  Yes  No  
 Fire resistive? .....  Yes  No
10. Total number of employees: \_\_\_\_\_
11. Does applicant lease employees? .....  Yes  No
12. Does applicant subcontract any operations? .....  Yes  No  
 If yes:  
 a. Description of operations subcontracted? \_\_\_\_\_  
 b. Annual cost of subcontracted work: \_\_\_\_\_  
 c. Are all subcontractors required to carry General Liability and Workers Compensation Insurance? ....  Yes  No  
 If yes, minimum General Liability limits required: \_\_\_\_\_  
 d. Are certificates of insurance required from all subcontractors? .....  Yes  No  
 e. Is applicant included as an additional insured on all subcontractors' policies? .....  Yes  No  
 f. Do written contracts contain hold-harmless agreements in favor of the applicant? .....  Yes  No  
 If no, explain when not required: \_\_\_\_\_
13. Any prior losses due to mold?.....  Yes  No  
 If yes, has mold been completely remediated? .....  Yes  No
14. Is this a master association which provides group common areas for individual associations?....  Yes  No
15. Is this a community development that includes residential with commercial and/or institutional members? .....  Yes  No
16. Does the association have an airport or airstrip?.....  Yes  No
17. Any waterworks/sewage treatment/disposal facilities? .....  Yes  No  
 Describe in detail: \_\_\_\_\_  
 If yes, is it maintained and operated by insured? .....  Yes  No
18. Any garbage dumps or landfills?.....  Yes  No
19. Is the association responsible for maintenance of the roads? .....  Yes  No  
 If so, how many miles of road? \_\_\_\_\_

20. Any stables? .....  Yes  No  
 If yes, advise payroll: \_\_\_\_\_
- Riding arenas? .....  Yes  No
- Jumps? .....  Yes  No
- Saddle animals for hire? .....  Yes  No

21. Number of:

Baseball fields		**Lakes	_____ acres
Basketball courts		Parks	_____ acres
Bathing beaches		Playgrounds	
Bicycle Trails	_____ miles	Racquetball courts	
Boat docks/slips		Restaurants/Lounges	
Boat ramps		Saunas	
Boat rentals		Shooting ranges	
Clubhouses	_____ sq ft.	Shuffleboard courts	
Convenience stores		Spas/hot tubs	
*Dams		Streets/roads	_____ miles
Diving rafts		Tennis courts	
Horse Trails	_____ miles	Volleyball courts	
Ice skating		* If applicable, complete Dam Questionnaire GLS-113 ** Is swimming allowed in the lakes? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

22. Number of swimming pools and/or wading pools? \_\_\_\_\_

- Number of diving boards, diving platforms and/or pool slides: \_\_\_\_\_
- Diving boards or platforms over one meter in height? .....  Yes  No
- Equipped with self-closing and self-latching gates/doors? .....  Yes  No
- Life-safety equipment available at poolside? .....  Yes  No
- Lifeguards provided? .....  Yes  No
- Pools completely surrounded by building walls or fence? .....  Yes  No
- Slides over 10 ft. in height? .....  Yes  No
- Warning signs and rules posted? .....  Yes  No
- Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Grae-  
 me Baker Pool and Spa Safety Act? .....  Yes  No

23. Any security guards on premises? .....  Yes  No

- If yes, how many? \_\_\_\_\_
- a. Does association directly employ security guards? .....  Yes  No  
 If yes: Number of unarmed guards: \_\_\_\_\_ Number of armed guards: \_\_\_\_\_
- b. Does outside security guard service provide guards? .....  Yes  No  
 If yes: Number of unarmed guards: \_\_\_\_\_ Number of armed guards: \_\_\_\_\_
- c. Are certificates of insurance required from subcontractor? .....  Yes  No
- d. Is applicant included as an additional insured on subcontractor's policy? .....  Yes  No

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

25. Any special events? .....  Yes  No

If yes, describe: \_\_\_\_\_

26. Any sponsored athletic teams? .....  Yes  No

If yes, describe: \_\_\_\_\_

27. Describe any other exposures which the association is responsible for: \_\_\_\_\_

28. Attach any descriptive or advertising literature.

29. Additional Insured Information:

Name	Address	Interest

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, describe: \_\_\_\_\_

31. During the past three years, has any company canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) .....  Yes  No

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

32. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

33. Prior Carrier Information:

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

34. Loss History:

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.				
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 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 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 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 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.



## Commercial Package Application

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

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

**PROPOSED EFFECTIVE/EXPIRATION DATES:**

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

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

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
2. **Number of years in business:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PROPERTY SECTION

**4. Premises information:**

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** \_\_\_\_\_
- **Protection class:** \_\_\_\_\_
- **Number of stories:** \_\_\_\_\_
- **Total square foot area:** \_\_\_\_\_
- **Total number of units:** \_\_\_\_\_
- **Sprinklered?**  Yes  No
- **Operable smoke detectors?**  Yes  No
- **Year built:** \_\_\_\_\_

- **Building remodeling (include year):**
- Wiring?  Yes  No Year: \_\_\_\_\_
- Heating?  Yes  No Year: \_\_\_\_\_
- Plumbing?  Yes  No Year: \_\_\_\_\_
- Roof?  Yes  No Year: \_\_\_\_\_
- **Burglar alarm type:**  Local  Central Station
- **Fire alarm type:**  Local  Central Station

**GENERAL LIABILITY SECTION**

5.

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 Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total \$
<b>Deductible</b>	\$	

**Schedule of Hazards**

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/Comp. Ops.	Prem./Ops.	Products/Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US 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:**

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

PRODUCER'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_

**(Applicable to Florida Agents only.)**

IMPORTANT NOTICE

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