



CONDOMINIUM ASSOCIATION SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Applicant Name: _____

Years in Business: _____ Years with same management: _____

If someone, other than you, will be managing the business, what prior experience have they had in this type of operation? _____

**Currently valued loss runs required (If prior)*

Community Type

- ☐ Residential Condominium ☐ Commercial Condominium ☐ Planned Unit Development(P.U.D)
☐ Cooperative Apartments ☐ Timeshare

Ownership Type- Please provide the # of units that are:

Individually Owned: _____ Association Owned: _____ Bank Owned: _____ Developer Owned: _____
Total # of Building: _____ Distance between each building: _____ Total # of Units: _____

OCCUPANCY

Owner Occupied: _____ Tenant Occupied: _____ Vacant: _____

Residential Occupancy: _____ Total # of Residential units: _____

Commercial or Office Occupancy – Please provide the # of units that are:

Total # Office units: _____ Total # Commercial Units: _____
Total area of : _____ Office: _____ Sq. Ft. Commercial: _____ Sq. Ft.

Please describe operations of Commercial occupants: _____

GENERAL INFORMATION

Please submit the Condominium Declarations and/or By-law.

Are there any structural renovations, ongoing or planned, for any building(s) during the policy period?

☐ Y ☐ N

Are unit owners required to maintain individual liability insurance (HO6)?

☐ Y ☐ N

Are there any seasonal or short-term rentals?

☐ Y ☐ N

Are there any basement units?

☐ Y ☐ N

If yes, are there multiple means of egress from the basement floor?

☐ Y ☐ N

If yes and basement is occupying, can you provide us a Certificate of Occupancy? ☐ Y ☐ N

Any outstanding insurance company risk management recommendations?

If yes, please provide details on recommendations and work planned: _____

Is there an indoor/ underground parking facility? ☐ Y ☐ N

If yes, please provide the area: _____ Sq. Ft.

Does the insured operate any on-site branch offices? ☐ Y ☐ N

FIRE/ LIFE SAFETY

Are there smoke detectors in each unit? ☐ Y ☐ N

Are there carbon monoxide detectors in each unit and common areas? ☐ Y ☐ N

Are there fire alarms? ☐ Y ☐ N

Are there fire extinguishers on the premises? ☐ Y ☐ N

Are there any fire escapes &/or 2nd means of egress in compliance of local Ordinances ☐ Y ☐ N

Is there any knob & tube or aluminum wiring? ☐ Y ☐ N

Is all of the wiring connected to UL Approved Circuit Breakers? ☐ Y ☐ N

SECURITY

Is this a gated community? ☐ Y ☐ N

Is there any security guard service provided? ☐ Y ☐ N

Are any of the security guard(s) armed? ☐ Y ☐ N

Are the guards: ☐ Employees ☐ Contractors

If the guards are contractors, does the applicant have a certificate of insurance (COI) from the security firm naming the association as an additional insured? ☐ Y ☐ N

CRIME

Employee Dishonesty: \$ _____ # of employees: _____

☐ Include Board of Directors # of Directors & Officers: _____

Forgery/ Alterations: \$ _____

AMENITIES & RECREATIONAL FACILITIES

Are there any swimming pool(s) and/or Jacuzzi(s) on the premises? ☐ Y ☐ N

(if Yes, please answer the questions below)

Swimming Pool(s): _____ # Jacuzzi(s): _____

Is there any pool(s) on an upper floor or rooftop? ☐ Y ☐ N

Is there any pool(s) above ground?	☐	Y	☐	N
Is the pool fully-fenced with self-latching and self-locking gates?	☐	Y	☐	N
Is the pool equipped with anti-entrapment device?	☐	Y	☐	N
Are pool depths marked in and around the pool area?	☐	Y	☐	N
Are there any slides, diving boards, and/ or similar equipment?	☐	Y	☐	N
Are warning signs and rules posted in a visible area?	☐	Y	☐	N
Is the pool rented or loaned to others for any reason?	☐	Y	☐	N

If yes, please explain: _____

Are there any playground(s) on the premises? (if YES please answer the questions below) ☐ Y ☐ N

Playground: _____

Is the playground open to the public? ☐ Y ☐ N

Rules or restrictions are posted? ☐ Y ☐ N

Children are allowed to play unattended? ☐ Y ☐ N

Is the surface beneath the playground equipment covered with a soft material with no concrete surfaces (i.e. rubber, grass, sand, mulch, etc.)? ☐ Y ☐ N

Are there any Clubhouse(s) ☐ Y ☐ N

Is the clubhouse rented out? ☐ Y ☐

If yes, to whom? ☐ Residents ☐ Public

Are there any Tennis Court(s), Basketball Court(s), and/ or Volleyball Court(s)? ☐ Y ☐ N

Are there any Fitness Center(s)? ☐ Y ☐ N

Are there any Lakes or Ponds? ☐ Y ☐ N

Are there any association owned Golf Course(s) or Driving Range(s)? ☐ Y ☐ N

ADDITIONAL COMMENTS

Are there any other unusual exposure/hazards not asked that Leading Services (LIS) should be aware of prior to releasing a quote for this risk? Please state any matters LIS should be aware of regarding this risk in the space below:

FRAUD STATEMENT

Please read the statement applicable to your state. If your state and/or Line of Business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

PENNSYLVANIA: 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

VIRGINIA: 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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. Not applicable in Nebraska.

Applicant Signature: _____ Date: [Click here to enter a date.](#)

Name of Authorized Agent or Broker: _____