



KOOKMIN BEST INSURANCE CO., LTD. (US BRANCH)

505 N BRAND BLVD, STE 1025

GLENDALE, CA 91203

MAIN: 818.254.1040

FAX : 323.425.8330

CONDOMINIUM ASSOCIATION SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Name of Applicant: _____

Years in business: _____ Years with same management: _____

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

*Currently valued loss runs required.

Community Type

- Residential Condominium
 Commercial Condominium
 Planned Unit Development (P.U.D)
 Cooperative Apartment
 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

Please provide the # of units that are:

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 rehabilitation, construction and/or structural renovations, ongoing or planned, for any buildings 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



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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 occupied, can the applicant provide us a Certificate of Occupancy? Y N

Are there any outstanding recommendations from prior insurance company? Y N

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.

FIRE/LIFE SAFETY

Are there operational smoke detectors in each unit? Y N

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

Are there operational fire alarms? Y N

Are there non-expired fire extinguishers on the premises? Y N

Are there any fire escapes and/or second means of egress in compliance of local ordinances? Y N

Is there any knob and tube wiring or aluminum wiring? Y N

Are all wiring connected to UL Approved Circuit Breakers? Y N

SECURITY

Is this a gated community?

Is there any security guard service provided? Y N

Are any of the security guards armed? Y N

Are the guards: Employees Contractors

If the guards are contractors, does the applicant have a Certificate Of Insurance (COI) Y N

from the security firm naming the applicant as an additional insured?

CRIME

Not Applicable

Employee Dishonesty: \$ _____ # of Employees: _____

Include Board of Directors # of Directors & Officers: _____

Forgery/Alterations: \$ _____

AMENITIES & RECREATIONAL FACILITIES

Are there any swimming pools and/or Jacuzzis on the premises? Y N



(if Yes, please answer the questions below)

of Swimming Pools: _____ # of Jacuzzis: _____

Is there any pool on the upper floor or rooftop? 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 to others for any reason? Y N

If yes, please explain: _____

Is there any playground on the premises? (If Yes, please answer the questions below) Y N

of Playgrounds: _____

Is the playground open to public? Y N

Are rules or restrictions posted? Y N

Are children 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

Is there any Clubhouse? Y N

Is the clubhouse rented out? Y N

If Yes, to whom? Residents Public

Is there any Tennis Court, Basketball Court, and/or Volleyball Court? Y N

Is there any Fitness Center? Y N

Is there any Lake or Pond? Y N

Is there any Golf Course or Driving Range? Y N

ADDITIONAL COMMENTS

Are there any other unusual exposure/hazards not asked that Leading Insurance 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:



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FRAUD STATEMENT

Please read the statement applicable to your state. Then sign, date and return with your application.

CALIFORNIA: For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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

ILLINOIS: 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.

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.

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

Name of Authorized Agent or Broker: _____