



RESIDENTIAL APPLICATION

Name Insured:
C/O (if applicable):
Effective Date: Website Address:

SUBMISSION REQUIREMENTS

- Color Photos (representative buildings and auxiliary buildings)
- 4 year currently valued company loss runs (5 year currently valued company loss runs for accounts over \$100,000)
- Plot Plan
- Statement of Values (including specific street addresses)

SECTION I – ACCOUNT INFORMATION

Mailing Address:
Physical Location Address:

Contact Person: Position:
Email Address: Phone Number: Fax Number:
Billing Contact Person: Phone Number:
Fein Number:

Effective Date: Is this account being quoted midterm? Yes No

Community Type:
Residential Condominium Cooperative Apartment Timeshare Apartment
Income Restricted Age Restricted Year Round Seasonal

of Residential Buildings: Planned: # of Stories:
of Residential Units: Planned: # of Timeshare Units:
Year Built: Year Converted/Renovated: Prior Occupancy:

SECTION II – RATING INFORMATION

Property

Building Limit (Attach SOV): \$
Deductible: \$2,500 \$5,000 \$10,000 Other:
Coinsurance/Coverage: 80% 90% 100% Blanket Agreed Amount
Valuation Type: A/C/V Replacement Cost (RC) Extended RC Guaranteed RC
Business Personal Property: \$
Deductible: \$2,500 \$5,000 \$10,000 Other:
Maintenance Fees: \$ Rents: \$ Other Business Income: \$
Condo Insuring Agreement:
Bare Walls Single Entity (Original Specs) All In (copy of insurance section of docs required)
Building Ordinance – Increased Cost of Construction \$ (Indicate if limit over \$300,000 is desired)
Building Ordinance – Demolition cost \$ (Indicate if limit over \$300,000 is desired)
Wind Deductible: \$ Exclude Wind? Yes Where is wind being placed or quoted?
Earthquake: Limit \$ Deductible \$
Flood: Flood Zone Limit \$ Deductible \$
Boiler Coverage desired Yes No Central Boiler? Yes No

Crime

Employee Dishonesty: \$ Include Board of Directors Include Property Manager
Depositors Forgery: \$
Computer Fraud: \$
Money and Securities: \$ In \$ Out

Miscellaneous Building Issues

Is grilling on balconies permitted?	Yes	No
Charcoal Propane Other:		
Any known or suspected construction defects:	Yes	No
Describe defect and remediation work:		
Any outstanding insurance company risk management recommendations?	Yes	No
Please provide details on recommendations and work planned:		
Any buildings built on pilings?	Yes	No

SECTION IV – LIABILITY INFORMATION

Age Restricted Community

Any medical services provided?	Yes	No
Please describe:		
Any assisted living facilities?	Yes	No
Please describe:		

Security

Is this a gated community?	Yes	No
Please describe access:		
Guard service provided:	Yes	No
24 hour Evenings Other:		
Are the guards employees?	N/A	Yes
If no, name of the security firm:		
Are off duty police utilized?	Yes	No
Security patrol?	Yes	No
Is any of the security armed?	Yes	No
Closed circuit TV?	Yes	No

Clubhouse

Indicate Clubhouse Exposures:					
Cooking Facilities Food Service Liquor Service Pro Shop Indoor Pool Spa					
Convenience Store Retail Store Other:					
Is the clubhouse rented out?	Yes	No			
If yes, to whom? Residents Public					
Formal rental agreement used?	Yes	No			

Swimming Pool

Are there any swimming pools?	Yes	No
Number of adult pools:		Number of wading pools:
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:		

Are there any indoor pools?	Yes	No
Are there any pools on an upper floor or rooftop?	Yes	No
Are there any diving boards?	Yes	No
Number of diving boards:		Highest diving board:
Are there any slides?	Yes	No
Number of slides (attach photo):		tube ½ tube Other:
Are there any Spas or Whirlpools?	Yes	No
If yes, is the spa/whirlpool located in the pool area?	Yes	No
Are spa/whirlpool health risk signs posted?	N/A	Yes
Can the pool be rented out for private functions?	Yes	No

Golf Course / Driving Range

N/A

Association owned golf course or driving range?	Yes	No
Is the golf course / driving range open to the public?	Yes	No
Is the golf course operated and maintained by an independent contractor?	Yes	No

Maintenance and Independent Contractors

Are there any hire maintenance work done for individual unit owners?	Yes	No
If yes, please describe:		

Does maintenance person routinely walk premises to inspect and address imminent hazard (i.e. Weather related slip and fall hazards)?	Yes	No
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Has a reserve study or a plan for funding major maintenance projects been done?(attach)	Yes	No
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Are association streets:	Private	Public	
If private streets, who maintains?	Association	Independent Contractor	
Indicate existing maintenance contracts:	Grounds	Maintenance	Snow Removal
Indicate if contractor provides:	Written Contract	Hold harmless	Certificate of Insurance

SECTION V – CRIME INFORMATION

What is the current operating budget? \$			
Who handles association funds?	Board of Directors	Property Manager	Accounting Firm
Does property manager commingle association funds with other associations?	N/A	Yes	No
Does property manager carry fidelity coverage?	N/A	Yes	No
Property manager check signing limit without countersignature?	N/A	Limit \$	
Association fees and assessments are sent to:	Association	Property Manager	Lock Box
Are there separate operating and reserve accounts?		Yes	No
Is prior board approval required for all expenditures?		Yes	No
If no, over what amount? \$			
Is prior board approval needed to access reserve account?		Yes	No
Are countersignatures required on all checks?		Yes	No
If no, indicate \$ threshold: \$			
Is a board member signature required for countersignature?		Yes	No
If no, explain procedure:			
Is there an annual audit?		Yes	No
What type (i.e. certified, compilation)?			
Are bank statements reconciled monthly?		Yes	No
If no, indicate frequency:			
Does the person who reconciles have the ability to withdraw funds?		Yes	No
Does the association have debit or credit card accounts?		Yes	No
Who has cards?			

SECTION VI – AUTOMOBILE INFORMATION

If scheduled automobiles, submit ACORD applications, driver schedule and MVR's.		
Are any vehicles used for transportation for residents to and from areas of interest?	Yes	No
If yes, provide details:		

Is owned auto coverage desired?	Yes	No
If yes, provide ACORD Auto Application and MVRs.		
Any unlicensed or unregistered vehicles?	Yes	No
Describe use and circumstances:		

SECTION VII – PRIOR CARRIER INFORMATION

General Liability

Carrier									
Policy Number									
Policy Type		Claims Made	Occ	Claims Made	Occ	Claims Made	Occ	Claims Made	Occ
Retro Date									
Effective / Exp Date									
L I M I T S	General Aggregate								
	Products Comp Op Aggregate								
	Personal Adv Injury								
	Fire Damage								
	Medical Expense								
	Bodily Injury	Occ.							
		Agg.							
	Property Limit	Occ.							
	Agg.								
CSL									
Premium									

Automobile Liability

Carrier					
Policy Number					
Policy Type					
Effective / Exp. Date					
Combined Single Limit					
Bodily Injury	Ea Person				
	Ea Accident				
Property Damage					
Premium					

Property

Carrier					
Policy Number					
Policy Type					
Effective / Exp Date					
	Building	AMT			
	Pers Prop	AMT			
Premium					

Coverage:

Carrier					
Policy Number					
Policy Type					
Effective / Exp Date					
Limit					
Premium					

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO ALASKA RESIDENTS APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

NOTICE TO ARKANSAS RESIDENT 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 ARIZONA RESIDENTS APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO COLORADO RESIDENTS 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 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."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: 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 RESIDENTS 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 OF THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "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."

NOTICE TO LOUISIANA RESIDENTS 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 RESIDENTS 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."

RESIDENTS OF 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."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES."

RESIDENTS OF NEW YORK APPLICANTS: "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."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF 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."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "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."

RESIDENTS OF TENNESSEE 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A 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."

RESIDENTS OF VIRGINIA 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 AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA 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."

Insured Signature Date

Title

Producer Signature Date