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| --- | --- |
| Habitational – Residential Condominiums  Supplemental Application |  |

# General information:

|  |  |
| --- | --- |
| Account name: | ►Enter account name |
| Location address: | ►Enter location address |
| Website (if applicable): | ►Enter website address |
| Brief description of operations: | ►Enter description of operations |
| Underwriting Company | ►Select an underwriting company |

| Account Information: | | | | | Yes | No |
| --- | --- | --- | --- | --- | --- | --- |
| How many years has the condominium association been in existence? | | | | |  |  |
| What is the average occupancy rate?       % | | | | |  |  |
| What percentage of the units are owner occupied?       % | | | | |  |  |
| Are any units occupied on a seasonal basis, as a secondary residence, or considered resort property? | | | | |  |  |
| If yes, what percentage?       % | | | | |  |  |
| Are any units rented on a weekly or short-term (< 3 months) basis? | | | | |  |  |
| If yes, what percent of total units?       % | | | | |  |  |
| Are any units rented on a long-term (> 3 months) basis? | | | | |  |  |
| If yes, what percent of total units?       % | | | | |  |  |
| For any rentals, do you require a signed lease (with tenant homeowner insurance coverage requirement) prior to the tenant occupying the premises? If yes, describe lease term options: | | | | |  |  |
| ►Describe lease term options | | | | |  |  |
| Are all units complete? If no, indicate date of completion | | | | |  |  |
| ►Enter date of completion | | | | |  |  |
| Are any units/buildings under renovation? If yes, please describe: | | | | |  |  |
| ►Describe renovation | | | | |  |  |
| Does the named insured include the property manager? | | | | |  |  |
| Please provide the number of directors / officers: | | | | |  |  |
| Are the directors / officers residents? | | | | |  |  |
| Does the developer have an interest in the condominium as: | | | | |  |  |
| A named insured? | | | | |  |  |
| An additional insured? | | | | |  |  |
| Is the developer or builder acting in director & officer capacity? If yes, please describe the reason, and the plan, including the timeline, for relinquishing the director & officer position: | | | | |  |  |
| ►Enter description | | | | |  |  |
| For property management, maintenance and supervision, please check all that apply: | | | | |  |  |
| Full-time property management company  Full-time on-site manager | | | Owner or Manager resides on premises  Professional Maintenance Staff | |  |  |
| Are financial records kept & reviewed periodically by an independent auditor? | | | | |  |  |
| Please indicate the frequency of financial records audits: ►Enter frequency of audits | | | | |  |  |
| Are there office and/or commercial occupants in any of the individual units? If yes, please list occupant(s) and primary operation(s): | | | | |  |  |
|  | **Occupant** | **Primary Operation** | | **Leased or Owned** |  |  |
|  | ►Enter occupant name | ►Enter primary operation | | ►Select |  |  |
|  | ►Enter occupant name | ►Enter primary operation | | ►Select |  |  |
|  | ►Enter occupant name | ►Enter primary operation | | ►Select |  |  |
|  | ►Enter occupant name | ►Enter primary operation | | ►Select |  |  |
| What percent of the office and/or commercial spaces (if any) are occupied?       % | | | | |  |  |
| What General Liability limits are the unit owners required to carry? ►Enter required limits | | | | |  |  |
| Is the applicant named as an additional insured on unit owner’s liability policy? | | | | |  |  |
| Does the applicant obtain certificates of insurance evidencing adequate limits and additional insured status? | | | | |  |  |

| General Liability/Umbrella: | | Yes | No |
| --- | --- | --- | --- |
| Do all units and common areas have hard-wired smoke and carbon dioxide detectors with battery back-up? | |  |  |
| Do all units and halls have back-up lighting and illuminated exit signs? | |  |  |
| Is there an emergency evacuation plan in place? If yes, please describe: | |  |  |
| ►Enter description | |  |  |
| Describe the two means of building egress for units above the first story: | |  |  |
| ►Enter description | |  |  |
| For buildings built prior to 1978, is there documented proof of lead abatement and/or a formal procedure in place to annually inspect and treat interior surfaces to prevent peeling/cracking/flaking painted surfaces? Please describe. | |  |  |
| ►Enter description | |  |  |
| Describe any work that is performed by outside contractors: | |  |  |
| ►Enter description | |  |  |
| Does the Association or property manager utilize written contracts when hiring outside contractors? | |  |  |
| Do contracts require the contractor to name the association as additional insured at specified limits of insurance? If yes, please indicate minimum limits of insurance required: | |  |  |
| ►Enter minimum limits required | |  |  |
| Is there a process to verify that contractor’s insurance is in place and meets insurance requirements per written contract or agreement? If yes, please describe: | |  |  |
| ►Enter description | |  |  |
| Are dogs allowed? If yes, describe any restrictions on type of breed or size: | |  |  |
| ►Enter description | |  |  |
| Is there a swimming pool and / or hot tub? If yes, check all that apply: | |  |  |
| Fenced with self-latching gate  Wading / toddler pool  Diving board. If yes, enter height: ►Enter height  Slide | Anti-vortex drain covers  Water quality is tested and documented  Posted rules of use  Access is restricted to residents or guests |  |  |
| Is there a body of water on your premises? If yes, check all that apply: | |  |  |
| Ocean or Other Major Body of Water  Lake  River | Stream  Pond |  |  |
| Is there a playground? If yes, check all that apply: | |  |  |
| Playground equipment maintenance program in place  Physical restraining boundary or fence with self-latching gate | Ground surface is rubber, mulch or sand  Access is restricted to residents or guests |  |  |
| Do you have any of the following? If yes, check all that apply: | |  |  |
| Saunas  Racquetball courts  Tennis courts  Exercise rooms | Sun tanning equipment  Beaches  Docks |  |  |
| If any of the above are checked: | |  |  |
| * Is access restricted to residents / guests? | |  |  |
| * Are rules for use posted? | |  |  |

| Property: | | Yes | No |
| --- | --- | --- | --- |
| If built more than 30 years ago, has the building been renovated and gutted down to the studs? | |  |  |
| For any buildings older than 30 years, describe any updates (including replacement) to the following within the last 20 years: | |  |  |
| Roof: ►Enter description  Electrical: ►Enter description  Plumbing: ►Enter description  HVAC: ►Enter description | |  |  |
| Is the building more than 75% sprinklered? | |  |  |
| If yes, are the attics sprinklered? | |  |  |
| If non-sprinklered, are there central station fire alarms in the building(s)? | |  |  |
| Is the sprinkler system serviced regularly? If yes: | |  |  |
| * How often is the sprinkler system serviced?   ►Enter service schedule | |  |  |
| * Is the sprinkler system serviced by a sprinkler contractor? | |  |  |
| Do any buildings have a wood shake roof? | |  |  |
| Do any buildings have a fireplace and/or wood burning stove? | |  |  |
| Is there a clubhouse? If yes: | |  |  |
| Is any grease laden vapor cooking done in the kitchen? | |  |  |
| Are grills, barbeques or open fire pits required to be at least 25 feet from buildings? | |  |  |
| Is smoking allowed inside buildings or on balconies? | |  |  |
| Have there been any frozen pipes or water damage claims in the past three years? | |  |  |
| For mixed-use buildings, check all that apply: | |  |  |
| Restaurants  Retail  Service (i.e. dry cleaner, laundromat, auto repair)  Office  Other: ►Enter description |  |  |  |
| For any multi-story structures, does the building consist of wood frame construction on higher floors and non-wood frame construction (i.e. joisted masonry, masonry non-combustible, modified fire resistive) on the lower floors?  If yes, please describe: | |  |  |

►Enter description

| Loss History: |  |  |
| --- | --- | --- |
| Please attach 5 years loss history. |  |  |

# Additional comments:

►Enter any additional comments here

Applicant/Insured: ►Enter applicant/insured name

Signature:

Title: ►Enter signer’s title Date: ►Enter date of signature

Signature constitutes a representation that all information provided herein is accurate and complete. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this application bind the insurance company to issue the policy.

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