

Condominium or Homeowners Association Supplemental

Note: Incomplete/unsigned applications are not acceptable

NAME		STREET			
CITY, STATE, ZIP					
YEAR BUILT	NUMBER OF BUILDINGS	NUMBER OF STORIES	NUMBER OF UNITS		
SQUARE FOOTAGE		CONSTRUCTION TYPE		SPRINKLERED %	
TYPE OF WIRING			IF ALUMINUM, UPDATED? <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR UPDATED		
DESCRIBE PROPERTY MAINTENANCE/UPDATES/RENOVATIONS					
LIST OTHER FEATURES (BOATS, DAY CARE, LAKES, & OTHER RECREATIONAL FACILITIES)					
CHECK LIST					
1. VACATION RENTALS?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
2. SMOKE DETECTORS IN EACH UNIT?			<input type="checkbox"/> YES <input type="checkbox"/> NO		BATTERY? <input type="checkbox"/> HARDWIRED? <input type="checkbox"/>
3. LIGHTED EXIT SIGNS?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
4. HOW MANY CLUBHOUSES			<input style="width: 40px; height: 20px;" type="text"/>		
5. NUMBER OF SWIMMING POOL(S)			<input style="width: 40px; height: 20px;" type="text"/>		
FENCED?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
DIVING BOARDS?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
DEPTH MARKERS?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
6. ENTIRE PROPERTY FENCED?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
7. PRIVATE SECURITY?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
ARMED?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
8. WATERWORKS/SEWAGE TREATMENT/DISPOSAL FACILITIES?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF "YES", WHO PERFORMS MAINTENANCE?			<input type="checkbox"/> ASSOCIATION CREW <input type="checkbox"/> CONTRACTED OUT		
9. DOES THE ASSOCIATION MAINTAIN THE ROADS?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF "YES", WHO PERFORMS MAINTENANCE?			<input type="checkbox"/> ASSOCIATION CREW <input type="checkbox"/> CONTRACTED OUT		

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10. DOES THE INSURED USE SUBCONTRACTORS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF "YES", DESCRIBE OPERATIONS	
ARE CERTIFICATES OF INSURANCE REQUIRED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE LIMITS EQUAL TO INSURED'S PRIMARY POLICY?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMING CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES, NOT APPLICABLE IN CO, HI, OH, OK, IN, ME, AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

APPLICANT'S SIGNATURE: _____ DATE _____

TITLE (OFFICER): _____

AGENT'S SIGNATURE: _____ DATE _____