

## Condominium/Homeowners' Association General Liability Supplemental Application

### GENERAL INFORMATION

1. Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Applicant's Web Site Address: \_\_\_\_\_
3. Contact person to receive all notices on behalf of the Insured: \_\_\_\_\_  
Title: \_\_\_\_\_ Contact's Phone Number: \_\_\_\_\_
4. ☐ Individual ☐ Corporation/Organization ☐ Partnership ☐ LLC ☐ Trust  
☐ Other (specify): \_\_\_\_\_
5. Limits Of Insurance Requested:  
General Aggregate Limit (Other than Products-Completed Operations) \$ \_\_\_\_\_  
Products-Completed Operations Aggregate Limit \$ \_\_\_\_\_  
Personal and Advertising Injury Limit \$ \_\_\_\_\_ any one person  
Each Occurrence Limit \$ \_\_\_\_\_  
Damage to Premises Rented to You (up to \$100,000 limit available) \$ \_\_\_\_\_ any one premises  
Medical Expense Limit (up to \$5,000 limit available) \$ \_\_\_\_\_ any one person
6. Effective Dates Desired: From: \_\_\_\_\_ To: \_\_\_\_\_
7. The Association has been continually operating since? \_\_\_\_\_
8. Association Type: (check all that apply)  
☐ Homeowners' ☐ Townhome ☐ Condominium ☐ Cooperative ☐ Timeshare  
☐ Commercial ☐ High Rise ☐ Property Owners' ☐ Master Association ☐ Other \_\_\_\_\_  
What is the percentage of commercial occupancy? \_\_\_\_\_ %  
Describe in detail: \_\_\_\_\_
9. Total Number of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Seasonal/Temporary \_\_\_\_\_
10. If building is over four (4) stories, in what year was construction begun? \_\_\_\_\_  
When was construction completed? \_\_\_\_\_ Number of Stories \_\_\_\_\_
11. a) Total number of units in the completed project: \_\_\_\_\_ b) Percentage of units rented/leased? \_\_\_\_\_ %  
c) Average unit value: \$ \_\_\_\_\_
12. Percentage of the units built, sold and occupied of the total project? \_\_\_\_\_ %
13. Has control of the Association been transferred from the builder, developer or sponsor? ☐ Yes ☐ No
14. Is the builder, developer or sponsor either represented or a member of the Board of Directors? ☐ Yes ☐ No
15. Does the entity own, maintain, control or have an affiliation with any of the following?  
a) Airfield/Airstrip ☐ Yes ☐ No d) Sewer Treatment Facility ☐ Yes ☐ No  
b) Golf Course (with outside members) ☐ Yes ☐ No e) Water Treatment Facility ☐ Yes ☐ No  
c) Country Club (with outside members) ☐ Yes ☐ No f) Lake/Pond with Dam ☐ Yes ☐ No  
If yes, describe in detail: \_\_\_\_\_

### GENERAL LIABILITY COVERAGE

16. Number of units \_\_\_\_\_ Single Family Homes \_\_\_\_\_ Townhomes \_\_\_\_\_ Condos \_\_\_\_\_  
Rental Units/Timeshares \_\_\_\_\_ Commercial Condos \_\_\_\_\_ Number of vacant units \_\_\_\_\_  
Number of developer owned units \_\_\_\_\_
17. What percentage of unit owners failed to pay Association dues last month? \_\_\_\_\_
18. Number of property managers in the past five (5) years? \_\_\_\_\_

19. Is there a beach associated with the property? ☐ Yes ☐ No
20. How many swimming pools? \_\_\_\_\_  
 Total number of diving boards, pool slides, and diving platforms? \_\_\_\_\_  
 Any diving boards, pool slides, or diving platforms over 1 meter in height? ☐ Yes ☐ No  
 Are rules posted? ☐ Yes ☐ No Are pools fully fenced? ☐ Yes ☐ No  
 Are gates self closing and locking? ☐ Yes ☐ No Are lifeguards on duty when pool is open? ☐ Yes ☐ No  
 Any direct access to pool from unit? ☐ Yes ☐ No  
 Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? ☐ Yes ☐ No  
 Are "Swim at your own risk" and "No lifeguard on duty" signs posted when no lifeguard is present? ☐ Yes ☐ No
21. Number of:  
 Baseball diamonds \_\_\_\_\_ Diving rafts \_\_\_\_\_ Saunas \_\_\_\_\_  
 Basketball courts \_\_\_\_\_ Golf courses \_\_\_\_\_ Spas \_\_\_\_\_  
 Bathing beaches \_\_\_\_\_ Horse trails \_\_\_\_\_ Stables \_\_\_\_\_  
 Bike trails \_\_\_\_\_ Lakes (# of acres) \_\_\_\_\_ Tennis courts \_\_\_\_\_  
 Boat docks \_\_\_\_\_ Parks \_\_\_\_\_ Vacant land (# of acres) \_\_\_\_\_  
 Boat rentals \_\_\_\_\_ Playgrounds \_\_\_\_\_ Volleyball courts \_\_\_\_\_  
 Clubhouses \_\_\_\_\_ Racquetball courts \_\_\_\_\_ Other \_\_\_\_\_
22. Clubhouse – If there is a clubhouse, is it rented to: ☐ Members ☐ Non-Members  
 What is the total clubhouse(s) square footage? \_\_\_\_\_
23. Is the Association responsible for maintenance of roads? ☐ Yes ☐ No  
 If so, how many miles of road? \_\_\_\_\_
24. Are there any indoor parking garages? ☐ Yes ☐ No
25. Any security guards on premises? ☐ Yes ☐ No  
 If yes, how many? \_\_\_\_\_ Are they armed ☐ or unarmed? ☐
26. Any instances of violent crimes in the past five (5) years? ☐ Yes ☐ No  
 If yes, describe in detail: \_\_\_\_\_
27. Previous Insurer: Indicate premium and losses for the past three (3) years. Describe all losses.

Year	Company	Premium	Losses Reserved	Paid Claim	Description

## FRAUD WARNING STATEMENTS

- Alabama** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
- Arkansas** 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.
- Louisiana**
- West Virginia**
- Colorado** **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.**
- District of Columbia** **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.

<b>Florida</b>	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.
<b>Kentucky</b>	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
<b>Maine</b>	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 denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties
<b>New Mexico</b>	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.
<b>New York</b>	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.  <b>Fire:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud
<b>Oklahoma</b>	<b>WARNING:</b> 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
<b>Pennsylvania</b>	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
<b>Rhode Island</b>	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.
<b>Tennessee</b>	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.
<b>Virginia</b>	
<b>Washington</b>	
<b>All Other States</b>	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this application, as they may deem necessary.

Signed: \_\_\_\_\_  
(Must be signed by Chairman of the Board, President or Executive Director)

Title: \_\_\_\_\_ Date: \_\_\_\_\_