

*Distinguished Programs has designed a new style of application. It is designed to be user friendly and easy to complete. Sections I, II, and III are presented first to quickly eliminate risks that do not qualify for our program. Section IV follows, which collects the information needed to rate and quote your risk. Combine this easy to complete application with quick quote turnaround and 24 hour electronic policy issuance . . . why go anywhere else?*

### **SECTION I: BUILDING/EXPOSURES**

The following **buildings/exposures** are either **not eligible** or **eligible with restrictions**:

#### **1. Not Eligible:**

- a. Buildings **taller than 50 stories**.
- b. Buildings **older than 25 years that have not had the roof and building systems updated in the last 25 years**.
- c. Buildings with **occupancy of less than 75%** of the total units, unless new construction or gut rehabbed within one year of the proposed effective date of coverage. A certificate of occupancy must be issued prior to the effective date of coverage. (If still under construction, please revisit us when building is complete!)
- d. Buildings with **aluminum wiring** unless repaired through "pig-tailing", CO/ALR devices, or COPALUM crimp connector.
- e. Buildings with **Armed Security** - exception for Courtesy Police Officers who reside at the property.
- f. **Hotels or Resorts**
- g. **Churches/Religious Institutions**
- h. **Boarding/Rooming Houses/Single Room Occupancy (SRO)**
- i. **Mobile Home/Trailer/RV Parks**
- j. **Enclosed Malls**
- k. **Industrial Buildings**
- l. **Self-storage buildings**
- m. **Warehouses**
- n. Risks that **host flea markets, amusement rides, concerts or other special events**.
- o. Risks that allow **drivers under the age of 21** whether the insured supplies an owned or hired vehicle **or** allows employees under the age of 21 to drive their own vehicle to conduct the insured's business.
- p. **Buildings with the following occupancies:**
  - i. Hospitals or health care clinics other than doctor's offices
  - ii. Governmental or Political Offices
  - iii. Restaurants without Ansul Systems
  - iv. Nightclubs, dance halls, or any occupancy with a cabaret license
  - v. Adult entertainment
  - vi. Strip shopping centers with check cashing operations or bars as tenants.
- q. **Buildings with the following kinds of claims within the last five years:**
  - i. Violent acts, such as assault, rape, or shootings
  - ii. Class action lawsuits
  - iii. Construction defect lawsuits

#### **2. Eligible with restrictions:**

- a. Buildings with **Commercial Occupancies** – must meet **ALL** of the following criteria to be eligible:
  - i. Commercial operations may not be **operated by the insured** other than property management offices.
  - ii. All commercial tenants must be required to provide **proof of liability insurance** to the landlord and include the landlord as an **additional insured**.
- b. Buildings with **short term rentals** - must meet **ALL** of the following criteria to be eligible:
  - i. **No more than 25%** of the units can be available for short term rental.
  - ii. **Minimum rental age** is 21 years of age.
  - iii. **Minimum rental term** is 30 days.
    1. **Exception is Hawaii** where the minimum rental term is 1 week.
- c. **Vacant Land** – must be fenced if within city limits or if outside of city limits, posted no hunting, no trespassing, and no parking.
- d. Housing with **more than 50% of the units occupied by undergraduate students**, unless Distinguished Programs writes the primary. Must submit risk to student housing program. Separate application required.

**By checking this box I acknowledge that I have read items 1 and 2 above and agree that all locations comply**

**SECTION II: AMENITIES**

The following amenities are either not eligible or eligible with restrictions:

**1. Not Eligible**

- a. **Assisted Living**
- b. **Golf Courses** (if owned and /or managed by the insured)
- c. Anything to do with **aircraft** (hired, Leased, or owned), **airports**, or **landing strips**
- d. **Saddle animals** and/or **equestrian** trails
- e. **Ski** trails
- f. **Sponsored Athletic events**, such as swim teams.
- g. Risks with **tanning beds** that are owned, operated, or maintained by the insured.
- h. **Day Care** (if owned and /or managed by the insured)
- i. **Valet Services** utilizing drivers under the age of 21.
- j. **Passenger transportation services** whether provided by the insured or contracted out to a third party.
  - i. Exception for Senior Housing/Independent Living. Must complete Senior Living supplement to determine eligibility.

**2. Eligible with restrictions:**

- a. **Pools**
  - i. We write **indoor pools** but only those **with card key access and a self-locking door**.
  - ii. We write **outdoor pools** but only if they are **fenced and have self-closing gates**.
  - iii. We will not write any pool with **diving boards, lazy rivers, or slides**.
- b. **Bodies of water, owned by the insured, such as lakes, ponds, retention ponds** that meet the following guidelines:
  - i. No watercraft with more than 15 horsepower engines may be permitted.
  - ii. No watercraft used for transport of passengers
  - iii. No jet skis and no water skiing
- c. We will write **marina slips** without gas or services of any kind.
- d. We will not cover **Community Associations** that:
  - i. **rent their common facilities** to non-unit owners
  - ii. **serve liquor** (other than free of charge)

By checking this box I acknowledge that I have read items 1 and 2 above and agree that all locations comply

**SECTION III: LIFE SAFETY/PRIOR LOSS HISTORY/UNDERLYING CARRIER INFORMATION**
**1. LIFE SAFETY**

We require at least the following to alert people in the event of a fire and to help them exit:

Buildings 1 to 6 stories and containing 16 units or less	Buildings 1 to 6 stories with more than 16 units	Buildings 7 to 50 stories tall
Smoke Detectors	Smoke Detectors	Smoke Detectors
	2 means of egress	2 means of egress
		Emergency lighting in all common areas
		Illuminated exit signs

I acknowledge that I have read the above and agree that all locations comply

**2. PRIOR LOSS HISTORY**

Have there been any incurred losses in excess of \$100,000, under any primary liability policy in the past 5 years?  Yes  No  
(If yes, provide 5 years currently valued hard copy loss runs)

**3. UNDERLYING CARRIER INFORMATION**

We require that all underlying insurance for which you want the umbrella to provide coverage, meet the following minimum requirements. Listed below are the only coverages that qualify as underlying insurance. In addition, coverage for defense costs on the underlying General Liability, Auto Liability, and Employer's Liability policies must be in addition to the limits of liability.

<b>Commercial General Liability (CGL):</b>	\$1,000,000	Per Occurrence
	\$2,000,000	General Aggregate Per Location
	\$1,000,000	Products/Completed Operations
	\$1,000,000	Personal & Advertising Injury
<b>Commercial Auto Liability:</b>	\$1,000,000	Combined Single Limit
<b>Employer's Liability:</b>	\$ 500,000	Each Accident
	\$ 500,000	Each Policy
	\$ 500,000	Each Employee
<b>Employee Benefit Liability:</b>	\$1,000,000	Each Occurrence (Occurrence Form) or
	\$1,000,000	Each Claim (Claims Made Form)
		Aggregate
<b>Garagekeepers Legal Liability</b>	\$1,000,000	Each Occurrence/Aggregate
<b>Directors &amp; Officers Liability Not for Profit Community Association</b>	\$1,000,000	Each Claim
Great American as underlying carrier	\$1,000,000	Aggregate each Association
Other than Great American as underlying carrier - (Only Travelers, USLI, Liberty Mutual or CNA are eligible.) <sup>1</sup>	\$2,000,000 \$2,000,000	Each Claim Aggregate each Association

**All primary insurers must have an AM Best rating of A- VI or better.** However, we will provide coverage over Employers Liability placed with **Certified State Funds, Paramount Insurance Company, or Public Service Mutual Insurance Company.** Insured's with more than 1 location must have a **per location aggregate** on the primary General Liability.

<sup>1</sup> If a midterm D&O policy is already in force with Travelers, USLI, Liberty Mutual or CNA, the minimum underlying insurance may be \$1,000,000. However, all underlying D&O insurance must then be increased to \$2Mil or replaced in Great American with a minimum limit of \$1Mil at the normal anniversary date of the D&O.

I acknowledge that I have read the above and agree that all primary insurance either currently comply or will be placed and/or amended to be in compliance with the underlying requirements prior to binding the Umbrella insurance

**4. ADDITIONAL D&O QUESTIONS**

For community association risks, will your underlying D&O coverage be placed with Great American?  Yes  No  N/A

If no, please complete the underlying information below:

Underlying D&O Carrier	Limit	Expiration Date
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# UMBRELLA APPLICATION

## FOR COMMUNITY ASSOCIATIONS, APARTMENT RENTALS, LESSOR RISK OFFICE, AND LESSOR RISK RETAIL

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**SECTION IV: LIMITS REQUESTED/EXPOSURE/RATING INFORMATION**
**1. Lead Named Insured:** \_\_\_\_\_

**Insured Mailing Address:** \_\_\_\_\_

**Proposed Effective Date:** \_\_\_\_\_ **Proposed Expiration Date:** \_\_\_\_\_

**2. Do any of the following exposures exist? If yes to any of these, please complete a supplemental application.**

- Yes**    **No**   Any Owned or leased vehicles? If yes, complete auto supplement  
 **Yes**    **No**   Day Care Tenant on site? If yes, complete Day Care supplement  
 **Yes**    **No**   Are more than 20% of the units at any location Independent/Senior Living? If yes, complete Senior Living supplement  
 **Yes**    **No**   Are more than 20% of the units at any location subsidized? If yes, complete Affordable Housing supplement

**You must complete Questions 3-6 for every location requesting coverage.** For risks with multiple buildings in a single complex, please include the building numbers and street address of all buildings. Attach a separate list if additional space is needed.

**3. Location Address:** \_\_\_\_\_

**# of Stories:** \_\_\_\_\_ **Construction Type:** \_\_\_\_\_

**Name of Owner / Named Insured (if other than Lead named Insured):** \_\_\_\_\_

**4. Please provide ALL occupancies and exposures for this location:**

Occupancy	Exposure	Additional Exposure
Condominium Association	# of units _____	Comml sqft _____
Co-op	# of units _____	Comml sqft _____
Homeowners Association/Residential Planned Unit Development	# of units _____	Comml sqft _____
Rental Apartments	# of units _____	Comml sqft _____
Sponsor/Investor Units	# of units _____	
Commercial Planned Unit Development/Not for Profit Office Park	# of commercial tenants _____	
Office Building	Comml sqft _____	
Shopping Center	Comml sqft _____	
Stand Alone Retail	Comml sqft _____	
Ponds//Retention Ponds/Lakes	# of bodies of water _____	
Acres of Vacant Land	# of acres _____	

**5. Do you have any Pools**  **Yes**  **No**   \_\_\_\_\_ # of pools (see Section II, number 2, letter a)

**6. Was this building newly constructed or gut rehabbed in the past year?**  **Yes**  **No**
**7. Policy Limit Requested:**

<input type="checkbox"/> \$5mm	<input type="checkbox"/> \$10mm	<input type="checkbox"/> \$15mm	<input type="checkbox"/> \$25mm	<input type="checkbox"/> \$50mm	<input type="checkbox"/> \$100mm	<input type="checkbox"/> \$200mm
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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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

**By checking this box I agree that I have read this entire application and have, or will have reviewed the restrictions herein with my client prior to binding coverage**

**Applicant/Authorized Representative Signature**
**Date**
**Broker/Agent Organization Name**
**Broker/Agent Organization Mailing Address**
**Broker/Agent Contact Name**
**Phone Number**