

### Community Association Umbrella Application

**1. Named Insured:** \_\_\_\_\_

**2. Building Address:** \_\_\_\_\_

<b>3. Type of Association:</b>	<b>Number of Units</b>	<b>Number of Stories</b>
<input type="checkbox"/> Condominium	_____	_____
<input type="checkbox"/> Co-op	_____	_____
<input type="checkbox"/> Homeowners Association	_____	n/a
<input type="checkbox"/> Planned Unit Development	_____	n/a
<input type="checkbox"/> Other: _____		

Does the Association allow short-term or seasonal rental of units?       Yes    No

**4. Ownership & Control:**

Units are currently under construction    Completion date \_\_\_\_\_ Developer \_\_\_\_\_

Additional Insured (Please provide name and relationship to the insured): \_\_\_\_\_

Additional Operations under Insured Name (Please describe): \_\_\_\_\_

# of Board Seats \_\_\_\_\_ # Held by Builder/Developer \_\_\_\_\_

**5. Recreation Facilities:**  N/A

(CHECK ALL THAT APPLY)

Community Room

Pools # \_\_\_\_\_

Fenced

Lifeguards # \_\_\_\_\_

Diving Boards # \_\_\_\_\_

Self-locking gates

Exercise/Weight room

Supervised

Unsupervised

Playground equipment

**7. Access to Complex** (check all that apply):  N/A

Monitored by Security Personnel

Key Card entry

Doorman

Armed Guards

Gates controlled by residents

**8. Do the buildings contain any of the following** (check all that apply):  N/A

Offices rented to others

Restaurants

Retail Stores

Delicatessens/Grocery/Convenience Stores

Other Businesses \_\_\_\_\_

List hours of operations: \_\_\_\_\_

**6. Do you have any of the following:**  N/A

(Check all that apply):

Saddle animals

Golf

Liquor sales other than host

Day/child care

Airport/Landing Strip/Airplane

Rent facilities to non-members

Watercraft

Sponsor off-premises events

Elder care/assisted living facility

Lakes, private beaches, recreational ponds

Retention or other non-recreational pond

**9. Building Information:**

% Occupied \_\_\_\_\_

Year built \_\_\_\_\_



**Underlying Carrier Information**

*All underlying carriers must be rated A- (VI) or higher*

Line of business	Limits	Company	A.M. Best Rating	Expiration Date	Policy Number
General Liability					
Workers Compensation					
Auto	Liability Auto symbol(s)				
D&O					

**Special Considerations:**

# of vehicles \_\_\_\_\_ (If any, please complete a supplemental automobile application)  None.

Are General Liability Defense Costs outside the Limits of Liability?  Yes  No

Is there special exclusionary wording or manuscript endorsements on any of the underlying policies?  Yes  No  
(If yes, please provide copies of endorsements and/or wording.)

Have there been any class action, title or construction defect (including indoor air quality) claims?  Yes  No

Have there been any *incurred* losses in excess of \$20,000, under any primary policy in the past five years?  
 Yes  No (If yes, please provide five years of hard copy losses runs)

Have there been *incurred* aggregate losses of \$50,000 or more, in the past five years?  
 Yes  No (If yes, please provide five years of hard copy losses runs)

Limit Requested \_\_\_\_\_ Effective Date \_\_\_\_\_

**Agent or Broker Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I certify that the answers stated above are complete and accurate.

**'If sending via e-mail'...**  By checking this box the sender agrees with the above notice. Please type information below.

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Company/Organization \_\_\_\_\_ Title \_\_\_\_\_

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