



Community Association Umbrella Application

1. Named Insured: _____
2. Building Address: _____

3. Type of Association:	Number of Units	Number of Stories
<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 (check all that apply): N/A

- 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

6. Do you have any of the following (check all that apply): N/A

- 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

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: _____

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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