Condominium/Homeowners Association Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant’s Name ___________________________ Agent ___________________________

Applicant Mailing Address ___________________________ Applicant’s Phone Number ___________________________

Web Address ___________________________ Inspection Contact ___________________________

Proposed Policy Period _______ to _______ Phone Number for Inspection Contact ___________________________

Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other ___________________________

Location #1 ___________________________

Location #2 ___________________________

Location #3 ___________________________

UNDERWRITING INFORMATION

1. Number of Single Family Units ___________________________ Condominium / Townhouse Units ___________________________

2. % Owner Occupied ___________________________ % Tenant Occupied ___________________________.

3. Number of stories (over 7 stories, submit) ___________________________ Construction ___________________________

4. Age of buildings ___________________________ Total Square Footage ___________________________

5. Does Developer retain any interest in the Association? ................................................................................................. ☐ Yes ☐ No

If yes, submit.

6. Number of miles of streets the Association maintains ___________________________

If over 5 miles, submit.

7. Year of latest update: Roof ___________________________ Plumbing ___________________________ Wiring ___________________________

If aluminum wiring verify all outlets are pigtailed. ___________________________

8. Surrounding area: ☐ Improving ☐ Stable ☐ Declining ___________________________

9. Security:

Does the Association employ security guards? ................................................................................................. ☐ Yes ☐ No

If yes, are the guards independent contractors or employees of the association? ___________________________

If guards are independent contractors a certificate of insurance must be obtained from the service.

If guards are employees of the association rate separately; Basis of premium is total payroll. Submit for armed guards.

10. Does the association provide drinking water to members? ................................................................................................. ☐ Yes ☐ No

If yes, attach a completed Rural Water Company Supplemental Application, S370s.

S314 (06/11)
**RECREATIONAL FACILITIES**

Complete for swimming pools or lakes:

### POOLS

<table>
<thead>
<tr>
<th>Number of Pools</th>
<th>(\square) Yes</th>
<th>(\square) No</th>
</tr>
</thead>
</table>

Is pool fenced from all units? \(\square\) Yes \(\square\) No

If no, **submit**.

Are there self-locking gates? \(\square\) Yes \(\square\) No

Does the pool have depth markers? \(\square\) Yes \(\square\) No

Are rules posted? \(\square\) Yes \(\square\) No

Is there lifeguarding equipment in place? \(\square\) Yes \(\square\) No

Is there a lifeguard? \(\square\) Yes \(\square\) No

Is there a diving board? \(\square\) Yes \(\square\) No

Is there a slide? \(\square\) Yes \(\square\) No

If yes, what is the height? \(\square\) Yes \(\square\) No

(If over 1 meter, **submit**.)

Does association sponsor a swim or dive team? \(\square\) Yes \(\square\) No

If yes, **submit**.

### PONDS/LAKES

<table>
<thead>
<tr>
<th>Number of lakes/ponds</th>
<th>Number of acres</th>
<th>Max. depth of water</th>
</tr>
</thead>
</table>

Is the lake fenced? \(\square\) Yes \(\square\) No

If no, are rules posted concerning use at your own risk? \(\square\) Yes \(\square\) No

If no, **submit**.

Is swimming allowed? \(\square\) Yes \(\square\) No

If yes, are signs posted swim at your own risk? \(\square\) Yes \(\square\) No

If no, **submit**.

Any diving platforms? \(\square\) Yes \(\square\) No

If yes, **submit**.

Any docks or piers? \(\square\) Yes \(\square\) No

If yes, signs must be posted no jumping or diving allowed.

Any watercraft rental? \(\square\) Yes \(\square\) No

If yes, describe number and type.

A rental agreement with a hold harmless agreement must be used.

Any water skiing or jet ski allowed on lake? \(\square\) Yes \(\square\) No

If yes, **submit**.

### ADDITIONAL EXPOSURES

1. Describe playground equipment (e.g., fenced condition, height, etc.)

2. Complete the number of the following:

   - Volleyball Courts
   - Tennis Courts
   - Basketball Courts
   - Baseball Fields
   - Parks (acres)
   - Clubhouse (sq. ft.)
   - Biking Trails (miles)
   - Jogging Trails (miles)
   - Exercise Facilities
# Commercial Property Form

(Please provide complete information for each insured location. Attach separate sheet, if necessary.)

<table>
<thead>
<tr>
<th>Building Information</th>
<th>Loc. 1</th>
<th>Loc. 2</th>
<th>Loc. 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Year Built:</td>
<td></td>
<td></td>
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<tr>
<td># of Stories:</td>
<td></td>
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<tr>
<td>Total Sq. Footage:</td>
<td></td>
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<tr>
<td>Protection Class:</td>
<td></td>
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</tbody>
</table>

| Alarm               |        |        |        |
| Central Station     |        |        |        |
| Local               |        |        |        |
| None                |        |        |        |

<table>
<thead>
<tr>
<th>Year of Latest Update</th>
<th>Loc. 1</th>
<th>Loc. 2</th>
<th>Loc. 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td></td>
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<td></td>
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<tr>
<td>Plumbing</td>
<td></td>
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<tr>
<td>Wiring</td>
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</tbody>
</table>

## Limits & Coverage – Property

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Coincidence %</th>
<th>Deductible</th>
<th>Causes of Loss</th>
<th>Valuation</th>
<th>Loc 1</th>
<th>Loc 2</th>
<th>Loc 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building</td>
<td>___%</td>
<td>$_____</td>
<td></td>
<td>A.C.V.</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
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<tr>
<td>BPP</td>
<td>___%</td>
<td>$_____</td>
<td>Basic</td>
<td>R.C.</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
</tr>
<tr>
<td>Business Income</td>
<td>___% or Monthly Limit</td>
<td>$_____</td>
<td>Broad or Special</td>
<td>Market Value (Submit)</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
</tr>
</tbody>
</table>

| Signs (Describe) | $_____ | $_____ | $_____ |
| Total Limits     | $_____ | $_____ | $_____ |

## Adjacent Exposures

<table>
<thead>
<tr>
<th>Right</th>
<th>Left</th>
<th>Front</th>
<th>Rear</th>
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<tbody>
<tr>
<td>Loc. 1</td>
<td></td>
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<td>Loc. 2</td>
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<tr>
<td>Loc. 3</td>
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</table>

## Contributing Insurance

<table>
<thead>
<tr>
<th>Name &amp; Address of Company</th>
<th>% Participation</th>
<th>Limits</th>
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LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

- **General Aggregate (Other Than Products/Completed Operations)** $ ____________
- **Products & Completed Operations Aggregate** $ ____________
- **Personal & Advertising Injury (Any One Person or Organization)** $ ____________
- **Each Occurrence** $ ____________
- **Damage to Premises Rented to You (Any One Premises)** $ ____________
- **Medical Expense (Any One Person)** $ ____________

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Relationship to Applicant</th>
<th>Additional Insured</th>
<th>Certificate</th>
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PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

<table>
<thead>
<tr>
<th>Year</th>
<th>Carrier</th>
<th>Policy Number</th>
<th>Limits</th>
<th>Premium</th>
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LOSS HISTORY (LAST FIVE YEARS)

<table>
<thead>
<tr>
<th>Date of Loss</th>
<th>Type of Loss</th>
<th>Description of Loss</th>
<th>Amount Paid</th>
<th>Reserve</th>
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<tbody>
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</table>
Has the applicant been cancelled or non-renewed in the last three years? ............................................................ ☐ Yes ☐ No
If yes, Explain. ________________________________________________________________

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

To Insureds in the States of:
Alabama, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, 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.

Alaska
A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona
For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

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.

California
For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
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.

Hawaii
Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Idaho
Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Indiana
Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Louisiana
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.

Maine
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 a denial of insurance benefits.

Maryland
Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota
Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire
Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico
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.

New York
The following statement is to be attached to and form a part of the policy application:
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.

Ohio
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.

Oklahoma
WARNING – 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.

Oregon
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:
A. The misinformation is material to the content of the policy;
B. We relied upon the misinformation; and
C. The information was either:
   1. Material to the risk assumed by us; or
   2. Provided fraudulently.
For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.
With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.
Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania
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.

Tennessee
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.
Virginia
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.

Washington
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.

____________________  ___________  ___________________  ___________
Producer's Signature  Date  Applicant's Signature  Date