



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 Partnership Joint Venture LLC Other (specify): _____
5. The Association has been continually operating since? _____
6. 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: _____
7. Total Number of Employees: Full-Time _____ Part-Time _____ Seasonal/Temporary _____
8. a) Total number of units in the completed project: _____ b) Percentage of units rented/leased? _____ %
c) Average unit value: \$ _____ d) When was construction completed? _____
9. Percentage of the units built, sold and occupied of the total project? _____ %
10. Has control of the Association been transferred from the builder, developer or sponsor? Yes No
11. Is the builder, developer or sponsor represented or a member of the Board of Directors? Yes No
12. 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 SECTION

13. Number of stories? _____ a) Sprinklered? Yes No b) Fire resistive? Yes No
If risk is sprinklered: a) Full Yes No b) Partial Yes No
Areas of coverage: Entire Building Units Attics Common Areas Garages Basements
14. Beach: a) Is there a beach? Yes No Does Applicant own the beach? Yes No
b) Does Applicant maintain the beach? Yes No
c) Does Applicant provide lifeguard services? Yes No
d) Does Applicant provide amenities? (e.g. beach chairs and umbrellas.) Yes No
15. Number of: Clubhouses _____ Convenience Stores _____ Saunas _____
Spas _____ Baseball Diamonds _____ Volleyball Courts _____
Tennis Courts _____ Basketball Courts _____ Racquetball Courts _____
Playgrounds _____ Lakes (# of Acres) _____ Diving Rafts _____
Ice Skating _____ Bathing Beaches _____ Restaurant/Lounges _____
Boat Docks _____ Boat Rentals _____ Vacant Land (# of Acres) _____
Private Airports _____ Shooting Ranges _____ Golf Course _____
Jet Skiing Allowed _____ Other Facilities/Activities _____

16. Clubhouses – If there is a clubhouse, is it rented to? Members Non-Members
17. How many swimming pools? _____ Indoor _____ Outdoor List ages of all pools: _____ Yrs.
 Depth of water? _____ ft. Number of diving boards, pool slides or diving platforms? _____
 Any diving boards, pool slides or diving platforms over 8 ft. in height? Yes No
 Are pools fenced? Yes No Are gates self closing and locking? Yes No
 Are rules posted? Yes No Lifeguards on duty when pool is open? Yes No
 Number of pool drains per pool? _____ Are dual or multiple drains at least three (3) feet apart? Yes No
 Do all pool drains and grates have covers that cannot be removed without the use of a tool? Yes No
 Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? Yes No
 Drain covers meet the ANSI/ASME A112. 19.8-2007 standard on EVERY drain/grate? Yes No
 Does pool have an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain? Yes No
 If Applicant is not in compliance with the VGB Act, when does Applicant expect to be? _____
18. Is the Association responsible for road maintenance? Yes No How many miles of road? _____
19. How many parks? _____ Describe in detail: _____
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20. Any horse trails, bike trails or walking trails? Yes No How many miles of trails? _____
 Describe trails in detail: _____
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21. Any stables? Yes No Riding arenas? Yes No Jumps? Yes No
 Any saddle animals for hire? Yes No
22. Is this a Master Association which provides group common areas for individual Associations? Yes No
23. Does Association include commercial and/or institutional members? Yes No
24. Any security guards on premises? Yes No How many? _____ Armed _____ Unarmed
 Does the Association directly employ guards? Yes No
 If outside security service, are Certificates of Insurance required? Yes No
25. Does Applicant have Workers Compensation coverage in force? Yes No
26. Does Applicant lease employees? Yes No
27. Any special events? Yes No Describe in detail: _____
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28. Any sponsored athletic teams? Yes No Describe in detail: _____
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29. Any other exposures for which the Association is responsible? Yes No Describe in detail: _____
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30. Previous Insurer: Indicate premium and losses for the past three (3) years. Describe all losses.

Year	Company	Policy No.	Premium	Losses Reserved	Description

31. Any owned or long-term leased commercial autos? Yes No
 Who is the auto insurance carrier? _____
32. Any autos rented on a temporary basis? Yes No
33. Does Applicant require any employee to use their personal auto to conduct Applicant's business? Yes No
34. How often are non-owned autos used in Applicant's business? Daily Weekly Monthly
35. Total number of non-owned autos used in Applicant's business? _____

36. Does the Applicant require employees and volunteers to have their own auto insurance? Yes No
Evidence of Insurance required? Yes No Minimum Limits required? _____

CONDOMINIUM/HOMEOWNERS' ASSOCIATION Check here if coverage is desired.
DIRECTORS & OFFICERS LIABILITY COVERAGE SECTION

37. Gross revenue: Next Year \$ _____ Current \$ _____ Previous \$ _____
(If revenue exceeds \$750,000 submit with financials.)

Current Fund Balance: \$ _____

(If the fund balance is negative, submit with financials and an explanation.)

38. Does anyone own over 15% of the units (including the builder, developer or sponsor)? Yes No

39. Within the last 24 months, has the Board placed any lien(s) or foreclosed on any home(s) or unit owner(s)? Yes No

If yes, provide an explanation: _____

If Employment Practices Liability Insurance coverage is NOT desired check here. If desired, proceed with items 40. a) – d).

40. a) Total Number of Employees: _____

Part-Time and Seasonal/Temporary employees are counted as ½ each.

Full-Time _____ Part-Time _____ Seasonal/Temporary _____

b) Has there been or is there an anticipated reduction of employees in the past/next (12) months? Yes No

c) Does the Applicant have a clear procedure in place to report Sexual Harassment and other complaints? Yes No

d) Does the Applicant have formal written procedures for hiring and firing employees? Yes No

41. a) Within the last three (3) years, has any inquiry, complaint, notice of hearing, claim, or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for insurance in the capacity of Director, Officer, Trustee, Employee, or Volunteer of the Applicant? Yes No

Provide details of each claim on a separate page.

b) Is any person(s) proposed for this insurance aware of any fact, circumstance, or situation, which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers? Yes No

Provide details of each claim on a separate page.

42. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, non-renewed, canceled or refused? If yes, provide details. Yes No

43. Current Insurance Company: _____

Policy Period: From: _____ To: _____

Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

44. Limits of Insurance Requested: _____

REQUIRED INFORMATION:

Completed application signed and dated by the President, Chairperson or Executive Director.

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The undersigned authorized Officer of the Organization on behalf of the applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

WARNING

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 act, which is a crime.

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 be attached to and 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: _____