



# Community Association Package Product

## COMMUNITY ASSOCIATION PACKAGE PRODUCT WARRANTY APPLICATION

Type of coverage being requested:  Community Association Professional Liability  General Liability  Property  
 Umbrella  Crime

Please fill out the General Information section, along with the section(s) you are requesting coverage.

### GENERAL INFORMATION SECTION:

1. Association Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Location Address: \_\_\_\_\_
4. Website Address: \_\_\_\_\_ Email Address: \_\_\_\_\_
5. Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_
6. Name of Property Manager or Firm: \_\_\_\_\_
7. Association Type: \_\_\_\_\_  
a.  Single Family Home  Townhome  Duplex/Twin  Condominium  Cooperative  Other (explain) \_\_\_\_\_
8. Total Number of Units: \_\_\_\_\_ Number of Employees: \_\_\_\_\_
9. Date Organized: \_\_\_\_\_ Date Final Unit Built: \_\_\_\_\_
10. Any prior, existing or pending bankruptcy in the past five years?  Yes  No
11. Does the association have an affiliation with, own or maintain the following:
  - a. Airport or Airstrip:  Yes  No
  - b. Golf Course:  Yes  No
  - c. Country Club for outside members:  Yes  No
  - d. Water Treatment Facility:  Yes  No
  - e. Sewer Treatment Facility:  Yes  No
  - f. Timeshare or Interval Units:  Yes  No
12. Does the builder, developer or sponsor maintain representation on the Board?  Yes  No

### COMMUNITY ASSOCIATION PROFESSIONAL LIABILITY COVERAGE SECTION:

13. Does the association have a positive fund balance?  Yes  No
14. Are over 70% of the units sold?  Yes  No If no, \_\_\_\_\_%
15. Are over 50% of the units rented/leased?  Yes  No
16. Does any person(s) or entity including, but not limited to the builder or developer, own multiple units comprising more than 10% of total number of units?  Yes  No  
a. If yes, list the name(s) of the person(s) or entity and the percentage of units owned by each: \_\_\_\_\_
17. Is the complex being built on a phase basis?  Yes  No  
a. If yes, are at least 70% of the total number of units upon completion of all phases sold?
18. Does average unit value exceed \$1,000,000?  Yes  No
19. Any commercial occupancy? (offices, restaurant, dry cleaner, etc.)  Yes  No If yes, \_\_\_\_\_%
20. Has any insurance policy in the name of the association ever been cancelled or non-renewed?  Yes  No  
a. If yes, please provide details: \_\_\_\_\_

21. Within the past **24 months**:
- a. Has the Association completed a foreclosure sale against a unit owner? Yes No
- b. Have any board elections been challenged? Yes No
- c. Has the board taken legal action against an unit owner for reasons other than the collection of dues or fees? Yes No
- d. If yes to any of the above, please provide details including unit owner name and date of event: \_\_\_\_\_
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22. Within the last **5 years**:
- a. Have there been any countersuits as a result of liens or foreclosures? Yes No
- b. Has any claim been made, is any claim being made, or is any claim now pending against the association, or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of the association? Yes No
- c. Is any person proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the association, or any of its directors, officers, employees or volunteers? Yes No
- d. If yes, please advise on a separate sheet details of the suit(s) or claim(s), including defense costs incurred, damages paid, whether it was covered by insurance and any remedial measures taken to prevent a recurrence of such claim(s) or suit(s).

### GENERAL LIABILITY COVERAGE SECTION:

23. Have all planned units/homes been built? Yes No  
 Any planned construction/renovation of common facilities? Yes No
- a. If yes, please provide details including estimated date of completion. \_\_\_\_\_
24. Is the association responsible for maintenance or insurance for any residential buildings? Yes No
- a. If yes, please provide details. \_\_\_\_\_
25. Does the association own any vehicles or watercraft? Yes No  
 If yes, type and use: \_\_\_\_\_
- a. Does the association carry insurance for the vehicle or watercraft? Yes No
- b. If yes, please provide carrier and limits: \_\_\_\_\_
- c. Any rental of watercraft? Yes No
26. **Hired and Non-Owned Auto Liability**  Check if coverage is desired  
 If checked, answer a through c.
- a. Does the applicant have a Business (or Commercial) Automobile Insurance Policy in force?  Yes  No
- b. Does the applicant regularly deliver goods or products?  Yes  No
- c. Does the applicant require its employees to use their personal automobile to conduct the applicant's business on a regular basis?  Yes  No
27. Is the association subject to any age-restrictive covenants? Yes No
28. Does the association obtain certificates of General Liability and Workers Compensation coverage from all contractors? Yes No
29. Is there any use of association facilities by non-unit owners or the public? Yes No
- a. If yes, please provide details: \_\_\_\_\_
30. Are any organized sporting competitions or meets held on the premises? Yes No
- a. If yes, please provide details: \_\_\_\_\_
31. Does the association sponsor any athletic teams? Yes No
- a. If yes, please provide details: \_\_\_\_\_
32. Is there more than 20% exposure to student or subsidized renters? Yes No
33. Is the association responsible for the maintenance of any streets/roads? Yes No
- a. If yes, number of miles: \_\_\_\_\_  
 (please describe) \_\_\_\_\_

34. Is there a swimming pool/spa/jacuzzi on the premises? Yes No  
 Total number : pools \_\_\_\_\_ spas \_\_\_\_\_ jacuzzis \_\_\_\_\_  
 How many separate locations? \_\_\_\_\_
- a. Fully enclosed with a self-latching gate? Yes No  
 b. Clear depth markers? Yes No  
 c. Life saving equipment in the pool area? Yes No  
 d. A sign clearly posted with rules? Yes No  
 e. Diving board or slides? Yes No
35. Is there a fitness center or fitness equipment on the premises? Yes No  
 a. If yes, are any services provided? Yes No  
 b. Please describe services provided: \_\_\_\_\_
36. Is there a lake or beach? Yes No  
 a. Owned/controlled by the association? Yes No  
 b. Total size of all lakes (acres): \_\_\_\_\_  
 c. Are there any dams or bridges? Yes No  
 d. Is swimming permitted? Yes No  
 If yes to d. (swimming allowed):  
 i. Any diving boards or slides? Yes No  
 ii. Are rules clearly posted? Yes No  
 iii. Is life-saving equipment located within a reasonable distance? Yes No  
 iv. Is the beach or lake for use by the association only? Yes No
37. Is there a pier? Yes No  
 a. Are there any commercial operations on the pier? Yes No  
 b. Is there a fee or charge to access the pier? Yes No
38. Are there docks? Yes No  
 a. Owned by Applicant association: \_\_\_\_\_ Individual Unit Owners: \_\_\_\_\_ Another association: \_\_\_\_\_  
 b. Number of slips: \_\_\_\_\_  
 c. Is docking of commercial vessels permitted? Yes No  
 d. Are any marina services provided (fueling, storage, repair or sales)? Yes No
39. Are there any playgrounds? Yes No  
 a. Total number: \_\_\_\_\_  
 b. Ground surface: \_\_\_\_\_  
 c. Are signs posted requiring adult supervision? Yes No
40. Are there any walking/riding/bicycle trails? Yes No  
 a. Number of miles: \_\_\_\_\_
41. Are there any sport courts? Yes No  
 a. Total number: \_\_\_\_\_  
 b. Type(check all that apply): Basketball Tennis Volleyball Shuffleboard Other \_\_\_\_\_
42. Total area of open space, parks and greenbelts (acres): \_\_\_\_\_
43. Does the association have an affiliation with, own or maintain the following?  
 a. Animal Stables: Yes No  
 b. Armed Security Guards or Off-Duty Police: Yes No  
 c. Bridges for Vehicle Traffic: Yes No  
 d. Day Care: Yes No  
 e. Skiing or resort activities: Yes No  
 f. Fire/Police/Ambulance: Yes No  
 g. Electrical Generation or other utilities: Yes No
44. Any General Liability losses in the past 3 years? Yes No  
 a. If yes, please attach loss runs.

45. Any association-owned common buildings? (use multiple pages for more than 2 buildings) Yes No

a. Building #1

- i. Used for: \_\_\_\_\_
- ii. Construction: \_\_\_\_\_
- iii. Size (square feet): \_\_\_\_\_
- iv. Type of roof: \_\_\_\_\_

Composition Shingle Flat Clay/Concrete Tile Slate Metal Wood Shingle/Shake

v. Age of roof: \_\_\_\_\_

- vi. Functioning smoke detectors covering entire building? Yes No
- vii. Electrical service is 100% connected to functional circuit breakers? Yes No
- viii. Any aluminum or knob & tube wiring? Yes No
- ix. Sprinkler system? Yes No

Full \_\_\_\_\_ Partial \_\_\_\_\_

x. Any **commercial** cooking? Yes No

If yes, please answer the following:

a. Is there a cleaning contract in force with an outside firm? No Yes

b. Describe Cooking equipment used:

Grills Open Flame Oven Deep Fat Fryers Charcoal Grill  
Barbeque Pit/Smoke Type or Brand \_\_\_\_\_ Distance from building: \_\_\_\_\_ ft.

c. Are the cooking area, hood and duct system protected per NFPA 96 (Fire Extinguishing System) No Yes

d. Type of Extinguishing system: Wet Dry

b. Building #2

- i. Used for: \_\_\_\_\_
- ii. Construction: \_\_\_\_\_
- iii. Size (square feet): \_\_\_\_\_
- iv. Type of roof: \_\_\_\_\_

Composition Shingle Flat Clay/Concrete Tile Slate Metal Wood Shingle/Shake

v. Age of roof: \_\_\_\_\_

- vi. Functioning smoke detectors covering entire building? Yes No
- vii. Electrical service is 100% connected to functional circuit breakers? Yes No
- viii. Any aluminum or knob & tube wiring? Yes No
- ix. Sprinkler system? Yes No

Full \_\_\_\_\_ Partial \_\_\_\_\_

x. Any **commercial** cooking? Yes No

If yes, please answer the following:

a. Is there a cleaning contract in force with an outside firm? No Yes

b. Describe Cooking equipment used:

Grills Open Flame Oven Deep Fat Fryers Charcoal Grill  
Barbeque Pit/Smoke Type or Brand \_\_\_\_\_ Distance from building: \_\_\_\_\_ ft.

c. Are the cooking area, hood and duct system protected per NFPA 96 (Fire Extinguishing System) No Yes

d. Type of Extinguishing system: Wet Dry

**PROPERTY COVERAGE SECTION:**

46. Any Property Losses in the past three years? Yes No  
a. If yes, please provide loss runs.
47. Protection Class: \_\_\_\_\_
48. Please provide 100% replacement cost value for any of the following association-owned property:
- a. Building #1: (complete all parts of #45a) \_\_\_\_\_
  - b. Building #2: (complete all parts of #45b) \_\_\_\_\_
  - c. Canopy/Awning: \_\_\_\_\_
  - d. Business Personal Property/Contents: \_\_\_\_\_
  - e. Fences/Walls/Gates/Entry Features: \_\_\_\_\_
  - f. Irrigation/Sprinkler System: \_\_\_\_\_
  - g. Lights/Poles: \_\_\_\_\_
  - h. Shed/Gazebo: \_\_\_\_\_
  - i. Signs: \_\_\_\_\_
  - j. Docks/Slips: \_\_\_\_\_
  - k. Sport Courts: \_\_\_\_\_
  - l. Playgrounds: \_\_\_\_\_
  - m. Pools/Spas/Jacuzzis: \_\_\_\_\_
  - n. Streets/Roadways: \_\_\_\_\_
  - o. Patios: \_\_\_\_\_
  - p. Walkways: \_\_\_\_\_
  - q. Trees/Shrubs: \_\_\_\_\_
  - r. Other paved surfaces (describe): \_\_\_\_\_
  - s. Outdoor Equipment: \_\_\_\_\_
  - t. Garage: \_\_\_\_\_

**UMBRELLA COVERAGE SECTION:**

49. Number of Stories: \_\_\_\_\_
50. Construction Type: Frame Joisted Masonry Masonry Non-Combustible Fire Resistive
51. Is 100% of the electrical service to the building/complex, including units, connected to circuit breakers? Yes No
52. Any aluminum or knob & tube wiring present in the building/complex, including units? Yes No
53. Is there a functioning sprinkler system in the building/complex? Yes No  
Full: \_\_\_\_\_ Partial: \_\_\_\_\_
54. Are functioning and operational smoke detectors present in all common areas and units? Yes No
55. Is there a fully-enclosed fire protected stairwell or a functioning fire escape? Yes No
56. Is there more than 20% exposure to student or subsidized renters? Yes No
57. Any General Liability losses over \$10,000 in the past 3 years? Yes No  
If so, please attach loss runs.
58. Are all underlying carriers rated at least B++ by A. M. Best? Yes No
59. Does the association own any automobiles? Yes No  
If yes,  
a. Please identify the number and type
- i. Private Passenger Vehicles: Number: \_\_\_\_\_
  - ii. Light Trucks (Gross Vehicle Weight up to 10,000): Number: \_\_\_\_\_
  - iii. Medium Trucks (Gross Vehicle Weight 10,001 to 20,000): Number: \_\_\_\_\_





