



United States Liability Insurance Group

Community Association Umbrella Product

Addendum to Community Association Product Application (CAP APP (04/04))



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800-768-7475 Fax (615) 264-3980
www.bsins.com

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

General Information

1. Name of Association: _____
2. State: _____
3. Type of Association: Residential Condominium Homeowners Townhouse
4. Total Number of Units: _____ Protection Class: _____ (valid response 1-10)
5. Do any of the following exposures exist:

Airport..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Dams..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Animal Stables..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Day Care..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Armed Security Guard..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Golf Course..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Beaches-Swimming (Lake/Coastal).. <input type="checkbox"/> Yes <input type="checkbox"/> No	Horse Trail..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Boat Rental..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Ice Skating/Ski Resort Activities... <input type="checkbox"/> Yes <input type="checkbox"/> No
Bridges..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Owned Fire Department..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Operations..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Vacant Buildings..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Country Club on the premises..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Water/Sewage Treatment Facility... <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there a Swimming Pool?..... Yes No _____
 a. Lifeguard on duty?..... Yes No Number of pools
 b. Fence with a self-locking gate?..... Yes No
 c. Clear depth markers?..... Yes No
 d. Visible life safety equipment?..... Yes No
 e. A sign posted with rules?..... Yes No
 f. Diving board over 1 meter?..... Yes No
 g. Slide?..... Yes No
7. Is there a Lake?..... Yes No
 a. Is swimming permitted?..... Yes No
 b. Are there gasoline or diesel powered boats on the lake?..... Yes No
 c. Is there a dam?..... Yes No
 d. Are "No Swimming" signs posted?..... Yes No
8. Is there a pier?..... Yes No
 a. Are there commercial operations on the pier?..... Yes No
 b. Is there a charge or fee to access the pier?..... Yes No
 c. How often is the pier inspected?.....
 d. Condition of the pier..... Poor Fair Good
 e. What year was the pier built?.....
9. Are there docks?..... Yes No _____
 a. Does the Association or unit owner own/maintain the docks?..... Yes No Number of docks
 b. Does the Association own any watercraft?..... Yes No
 c. Is there a marina operation (refueling, service/repair or sales)?..... Yes No
 d. Is docking of commercial vessels permitted?..... Yes No
 e. How often is the dock inspected?.....
 f. Condition of the dock..... Poor Fair Good
 g. What year was the dock built?.....
10. Number of Stories: _____
11. Is the complex 100% developed/complete? Yes No
12. Construction Type: Frame Joisted Masonry Masonry Non-Combustible Fire Resistive
13. Wire Type: Copper Aluminum Other: _____

14. Electrical service: Circuit Breaker Fuses Other: _____
15. Sprinkler system: Full Partial None
16. Are there smoke detectors in common areas? Yes No
17. Are there hard-wired fire alarms? Yes No
18. Does the Association own any vehicles? Yes No
 If yes, what kind of vehicle? Private Passenger Heavy Livery/Bus Other: _____
19. Has there been an assault on the premises in the last 5 years? Yes No
20. Have there been any Liability losses in the last 3 years? Yes No
 If yes, please provide loss runs.
21. Have there been any liability losses greater than \$25,000? Yes No

Underlying Carrier Information

Do all of the underlying carriers have at least a B+ A.M. Best Rating? Yes No

Commercial General Liability Insurance Company: _____

Policy Number: _____ **Policy Period:** _____

Limits:

- Each Occurrence: \$ _____
- Personal and Advertising Injury: \$ _____
- Products/Completed Operations Aggregate: \$ _____
- General Aggregate - Policy: \$ _____
- General Aggregate - Per Location: \$ _____
- General Aggregate - Per Project: \$ _____

Automobile Liability Insurance Company: _____

Policy Number: _____ **Policy Period:** _____

Limits:

- Each Accident or Occurrence: \$ _____
- Each Person/ Accident/Property Damage: \$ _____

Employers Liability Insurance Company: _____

Policy Number: _____ **Policy Period:** _____

Limits:

- Each Accident: \$ _____
- Each Employee for Disease: \$ _____
- Aggregate: \$ _____

New York Only: Please provide name of retail agent: _____

FRAUD STATEMENT: 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 MATERIAL FACT 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 VIOLATIONS.

Signature: _____

(President, Chairperson or Property Manager)

Title: _____

Date: _____