



Homeowner Association
Commercial Application

- Package
- Liability Only
- Property Only

Date: _____

Agency Name: _____

SIU Producer # : _____

Company Name: _____ Effective Date: _____

DBA: _____

Business Phone: _____ Cell: _____ Contact: _____

E-Mail Address: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Insured is: Corporation Partnership Individual Other: _____

Is the building? Owned Leased If owned, what % is occupied by the owner: _____

No. of Years in Business: _____ Years Experience in this Industry: _____

Bankruptcy or Foreclosures over the past 5 years: Yes No

Total Annual Gross Receipts/Sales: \$ _____ Total Number of Employees: _____

Federal ID Number: _____

Number of Owners: _____ Total Employee Payroll \$ _____

Complete Description of Operations / **Include any new services being provided:**

****IMPORTANT to list all services provided so the proper classes are listed on policy****

Property Section

Construction: Frame Joisted Masonry Non-Combust Masonry MNC

Year Built: _____ Total Square Foot Area: _____ No. of Stories: _____

Year Wiring Updated/installed: _____ Year Plumbing Updated/installed: _____

Year Heating Updated/installed: _____ Year Roof Updated/installed: _____

Sprinkler system throughout entire structure? Yes No Fire Extinguisher on Premises: Yes No

Less than 1,000 Feet to Pressurized Hydrant Yes No Protection Class: _____

Burglar Alarm Type: Local Central Direct % of Building vacant: _____

Fire Alarm Type: Local Central Direct Hardwire Battery

Liability Limits (per Occurrence)

Each Occurrence \$ _____

General Aggregate (other than Products/Completed Operations) \$ _____

Products & Completed Operations Aggregate \$ _____

Personal & Advertising Injury (Any one person or organization) \$ _____

Damage to Premises Rented to You (Any one Premises) \$ _____

Medical Expense (Any One Person) \$ _____

Umbrella policy needed ? Yes No If yes, give Limit \$ _____

Property Limits/Coverage

Coverage	Coinsurance	Deductible	Cause of Loss	Valuation	Limits
Building:	_____ %	\$ _____	<input type="checkbox"/> Basic	<input type="checkbox"/> ACV	\$ _____
BPP:	_____ %	\$ _____	<input type="checkbox"/> Broad	<input type="checkbox"/> R C	\$ _____
BI:	_____ %	\$ _____	<input type="checkbox"/> Special	<input type="checkbox"/> Market	\$ _____

Sign: (Describe) _____ \$ _____

Crime Coverage: Emp Dishonesty \$ _____ Money & Securities \$ _____ Ded \$ _____

Equipment Breakdown Coverage Desired? Yes No

Loss History

Any Property and or Liability Losses: Yes No If yes, give details below.

Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____

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Auto Coverage

Do you need Hired/Non-Owned Commercial Auto Liability Coverage? Yes No Limit: _____

Annual Cost of Hire: _____ No. of Drivers: _____ Delivery Provided? Yes No

Owned Autos

Liability Coverage? Yes No Physical Damage Coverage? Yes No

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN #</u>	<u>Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Drivers Name</u>	<u>Date of Birth</u>	<u>Drivers License Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Equipment and Tools (additional equipment submit on schedule)

<u>Description</u>	<u>Serial Number</u>	<u>Value \$</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Mortgagee</u>	<u>Additional Insured</u>
_____	_____
_____	_____
_____	_____

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____



SIU Producer Code: _____

Agent Name: _____

Contact Number: _____

HOMEOWNERS ASSOCIATION QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES," you are not eligible for coverage.

1. Does the applicant have it's own volunteer fire department, sheriff, police or rescue squad? Yes No
2. Does the risk operate/maintain a sewage treatment facility or water treatment facility? Yes No
3. Does the applicant have a garbage dump? Yes No
4. Does the applicant have a private airport? Yes No
5. Does the applicant have an ice skating rink exposure? Yes No
6. Is the developer or contractor a named insured? Yes No
7. Does the applicant employ any security guards/patrol (independent contractors are ok)? Yes No
8. Does the applicant contract with armed security guards? Yes No
9. Does the applicant have a Class I or II dam (greater than 40 feet tall, have a storage volume greater than 500 acre feet or have a potential downstream hazard of injury or death to people, damage to homes, businesses, highways, railroads or other dams)? Yes No
10. Does the applicant allow time shares? ** Yes No

**Ineligible under the homeowners program but can still be considered for coverage using the correct rating. Time shares should be rated using an appropriate apartment or hotel class, please see those guidelines for eligibility.

GENERAL INFORMATION

1. How many total units are in the association? _____
2. How many units in the association are still undeveloped? _____
3. Do you rent your club house to others? Yes No
 - a. What is the total area of the club house? _____
4. Does the risk have a water dam exposure? Yes No
 - a. What is the height of the dam? _____
 - b. What is the storage volume of the dam? _____
 - c. What is the downstream damage potential? _____

OTHER EXPOSURES

1. Complete each of the following:

- a. Number of athletic fields or courts (baseball, basketball, tennis, volleyball): _____
- b. Number of swimming pools: _____
- c. Number of whirlpools: _____
- d. Number of saunas: _____
- e. Number of lakes, ponds or reservoirs: _____
- f. Number of beaches: _____
- g. Number of boat docks or slips: _____
- h. Miles of road maintained by applicant: _____
- i. Number of clubhouses: _____
- j. Number of parks or playgrounds: _____

If there is any swimming exposure, complete the **Swimming/Water Feature Questionnaire - CGE 160.**

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties.

I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature

Title

Date

Producer Signature

Date

SWIMMING POOL AND AREA/WATER FEATURE QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

SWIMMING POOLS – PROHIBITED CIRCUMSTANCES

If any of the questions below are answered "NO," this risk is not eligible for coverage.

1. Are "Swim at Your Own Risk" signs posted in all pool areas? Yes No
2. Are depth markings clearly posted on the edges of the pool? Yes No
3. Are "No Diving" signs clearly indicated at the shallow areas of the pool? Yes No
4. Is there fencing or barriers surrounding the pool area? Yes No
5. Is the height of the fence or barrier at least 4 feet? Yes No
6. Are there self-closing and latching gates to the pool area? Yes No
7. If lifeguards are present, are all lifeguards certified? Yes No
8. If no lifeguards are present, are signs posted stating "NO Lifeguard on duty" Yes No
9. Is life saving equipment available at all times, even when pool is closed? Yes No
10. Are surfaces surrounding the pool made of non-slip or skid resistant material? Yes No
11. Are all pool chemicals locked in a secure area inaccessible to participants? Yes No
12. Do you have any diving boards or platforms taller than 3 feet (or 1 meter)? Yes No

SWIMMING AREAS (LAKES, BEACHES, ETC) – PROHIBITED CIRCUMSTANCES

If any of the questions below are answered "NO," this risk is not eligible for coverage.

1. Are "No Diving" signs posted? Yes No
2. If lifeguards are present, are all lifeguards certified? Yes No
3. If no lifeguards are present, are signs posted stating "NO Lifeguard on duty" Yes No
4. Is life saving equipment available at all times, even when swimming area is closed? Yes No

SWIMMING POOLS – GENERAL INFORMATION

1. Total number of pools? _____
2. Total number of hot tubs/spas? _____
3. Are there any swimming rafts, water trampolines or platforms in the water? Yes No
4. Are there any diving boards/platforms? Yes No
 - a. What is the height of the tallest diving board/platform? _____
5. Are there water slides? (If "YES," Water Park / Water Feature Section Must Be Completed) Yes No
6. Is the swimming pool open later than 10 PM? Yes No

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(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature

Title

Date

Producer Signature

Date

WATER PARK / WATER FEATURE CLASSES

Class I

- Swimming pools with no diving boards or slides of any type.
- Hot tubs or spas
- Shallow water pools with water spray only and without slides and without any climbing apparatus.

Class II

- Swimming pools with slides that are not enclosed and less than six feet in height and that do not require the use of an inflatable flotation tube or device.
- Shallow pools with structures to climb on and/or have slides.

Class III

- Swimming pools with slides that are either enclosed tubes or not and are more than six feet in height with or without the use of a flotation tube or device.
- Flotation tube, raft or other device slides that allow two people or less to ride simultaneously.
- River features using tubes or inflatable floatation devices that do not contain any whitewater, ramps, falls or drops.

Class IV

- Wave pools or plunge pools.
- Any slides or rides using a mat or hard surface board or float.
- Any slides that allow three or more people to ride at one time.
- Any slides that are of a "funnel" type that spin or swirl the user prior to entering the slide portion of the feature and/or into the water.
- Any slide that is associated with a natural or man-made body of water (ocean, lake, pond, river or gravel pit).
- Any "surfing" features allowing the person to stand up.
- Any river features with whitewater, ramps falls or drops.
- Any mechanical or motorized rides or features such as log flume rides, water coasters or slides with conveyor belts.