



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:	<div><div></div><div>%</div></div>	<div><div>\$</div><div></div></div>	<div><div><input type="checkbox"/> Basic</div></div>	<div><div><input type="checkbox"/> ACV</div></div>	<div><div>\$</div><div></div></div>
BPP:	<div><div></div><div>%</div></div>	<div><div>\$</div><div></div></div>	<div><div><input type="checkbox"/> Broad</div></div>	<div><div><input type="checkbox"/> R C</div></div>	<div><div>\$</div><div></div></div>
BI:	<div><div></div><div>%</div></div>	<div><div>\$</div><div></div></div>	<div><div><input type="checkbox"/> Special</div></div>	<div><div><input type="checkbox"/> Market</div></div>	<div><div>\$</div><div></div></div>

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:	<div></div>	Cause of Loss:	<div></div>	Amount Paid:	<div></div>
Date of Loss:	<div></div>	Cause of Loss:	<div></div>	Amount Paid:	<div></div>
Date of Loss:	<div></div>	Cause of Loss:	<div></div>	Amount Paid:	<div></div>

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>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

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

Equipment and Tools (additional equipment submit on schedule)

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

<u>Mortgagee</u>	<u>Additional Insured</u>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>

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.)

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Applicant Signature

Title

Date

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

7. Is the pool available for use less than 6 months of the year?

☐ Yes    ☐ No

## SWIMMING AREAS – GENERAL INFORMATION

1. Total number of swimming areas?

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2. Are there any swimming rafts, water trampolines or platforms in the water?

☐ Yes    ☐ No

3. Are there any diving boards/platforms?

☐ Yes    ☐ No

a. What is the height of the tallest diving board/platform?

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4. Are there water slides? (If "YES," Water Park / Water Feature Section Must Be Completed)

☐ Yes    ☐ No

**WATER PARK / WATER FEATURES (IF APPLICABLE)**

1. Certify the following:

a. None of the following features are present: wave pools, plunge pools, slides that exceed 50 ft in height, slides that use a mat or hard surface board or float, rides for 3 or more people, funnel/flusher type slides that spin or swirl riders, "surfing" pools, river rides with whitewater, ramps or drops and any mechanical or motorized ride such as log flume, water coaster or slides with conveyor belts.

b. Utilized the services of a professional to develop Emergency Plans, Supervision and Training? (i.e. Ellis & Associates).

c. Only water features specifically designed and manufactured by an established manufacturer base/located within the United States or Canada.

d. Required daily walk-through inspections performed on all pools, slides, rides or features.

e. Expressly prohibited head first sliding.

**I certify that all of the above statements in number 1 are true: ☐ Yes – I certify this.**

2. What is the maximum capacity of the water park?

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3. What is the average daily number of visitors to the water park?

\_\_\_\_\_

4. Are people other than guests given admittance to the water features/water park area?

☐ Yes    ☐ No

a. If "YES," what are the annual sales for admissions?

\$

5. Complete the following table for all water features:

[illegible]

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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.)

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Applicant Signature

Title

Date

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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.