

Yates & Associates Insurance Services

Home Office: (714) 550-5050 • (800) 660-1125
 Stockton Branch: (209) 472-7042 • (800) 464-7042
 Glendale Branch (818) 551-4588
 License #0705050

CONDOMINIUM OR HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION

Applicant's Name	_____
Mailing Address	_____ _____ _____
Location	_____ _____

Agent Name	_____
Address	_____ _____ _____

PROPOSED EFFECTIVE DATE:
From _____ **To** _____
 12:01 A.M., Standard Time at the mailing address of the Applicant.

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	
Other Coverages, Restrictions, and/or Endorsements Deductible	\$	Total
		\$

- A. **Years in business:** _____
- B. **Have all development and/or construction operations been completed?** Yes No
- C. **Number of units** _____ Single family homes _____ Townhomes _____ Condos _____
 Rental Units _____ Commercial Condos _____ Time-Shares _____
- D. **Number of stories** _____ Sprinkled? Yes No Fire resistive? Yes No
- E. **How many swimming pools?** _____ Number of diving boards, pool slides, or diving platforms? _____
 Any diving boards, pools slides, or diving platforms over 10ft. in height? Yes No Are rules posted? Yes No
 Are pools fenced? Yes No Are gates self closing and locking? Yes No Any lifeguards? Yes No
- F. **Number of:** Clubhouses _____ Convenience Stores _____ Saunas _____ Spas _____
 Baseball parks _____ Volleyball courts _____ Tennis courts _____
 Basketball courts _____ Racquetball courts _____ Playgrounds _____
 Lakes (no. of acres) _____ Swimming allowed? _____ Ice Skating _____
 Bathing beaches _____ Diving rafts _____ Boat docks _____
 Boat rentals _____ Private airports _____ Shooting ranges _____
 Restaurants/Lounges _____ Dams _____ (If applicable, complete Dam Questionnaire GLS-113)

- G. **Any waterworks/sewage treatment/disposal facilities?** Yes No
 Describe in detail: _____
- H. **Is the association responsible for maintenance of the roads?** Yes No
 If so, how many miles of road? _____
- I. **How many parks?** _____ Describe in detail: _____
 _____ How many trails? _____
- J. **Any horse trails or bike trails?** Yes No
 If yes, how many miles of trails? _____ Describe trails in detail: _____

- K. **Any stables?** Yes No **Riding arenas?** Yes No
Jumps? Yes No **Saddle animals for hire?** Yes No
- L. **Is this a master association which provides group common areas for individual associations?** ... Yes No
- M. **Does association include commercial and/or institutional members?** Yes No
- N. **Any security guards on premises?** Yes No
 If yes, how many? _____ Are they armed or unarmed? _____
 Does association directly employ guards? Yes No
 If outside security guard service, are certificates of insurance required? Yes No
- O. **Total number of employees:** _____
- P. **Does applicant have Workers Compensation coverage in force?** Yes No
- Q. **Does applicant lease employees?** Yes No
- R. **Any special events?** Yes No
- S. **Any sponsored athletic teams?** Yes No
 If yes, please describe: _____
- T. **Any other exposures which the association is responsible for?** Yes No
- U. **Please attach any descriptive or advertising literature.**

Previous Insurer: Indicate premium and losses for past three years. Describe all losses.

YEAR	COMPANY	POL.#	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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 fact material 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 violation.

FRAUD WARNING

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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NAME AND TITLE _____

APPLICANT'S SIGNATURE _____ Date _____

Name and Phone Number of person to contact for inspection and/or premium audit purposes _____

AGENT NAME _____ AGENT LICENSE NUMBER _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE
Condominium or Homeowners Association

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Condominium and Homeowner Association Directors and Officers General Liability Application (Claims Made Basis)

Applicant's Name	_____
Mailing Address	_____

Location	_____

Agent Name	_____
Address	_____

PROPOSED EFFECTIVE DATE:

From _____ To _____
 12:01 A.M., Standard Time at the address of the Applicant

- Applicant is:** Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

This application must be signed and dated, and not completed earlier than 60 days before proposed effective date. Answer all questions. If a question is not applicable, state NOT APPLICABLE. If the answer to any question is none, state NONE. If space is insufficient to answer any question fully, attach a separate sheet(s).

PLEASE TYPE OR PRINT IN INK.

1. **Limit of liability each policy year:** \$300,000 \$500,000 \$1,000,000
2. **Deductible desired** (\$1,000 minimum deductible): _____
3. **Date of incorporation:** _____
4. **List directors and officers below** (use additional page if more than 10):

	Name	Director or Officer	Occupation	Months in residence
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

- 5. Name and address of developer: _____
- 6. Number of units: _____
- 7. Average value: _____
- 8. Estimated market value of development: _____
- 9. Date development was completed: _____
- 10. Type of building: Single family dwellings Condominiums Townhomes Other: _____
- 11. Percentage of commercial occupancy: _____
- 12. Describe type of commercial occupancy: _____
- 13. Number of units currently owned by developer: _____
- 14. Date last unit completed and sold: _____
- 15. Does the declaration, master deed or bylaws provide for indemnification of the directors and officers?

Yes No

- 16. Does developer/sponsor have any representation on the board of directors? Yes No

If yes, explain: _____

- 17. Date of annual meeting of association: _____

- 18. Has any insurer canceled, declined, or nonrenewed directors and officers liability insurance of this association? (Not applicable in Missouri) Yes No

If yes, give reason: _____

- 19. Has applicant previously had a directors and officers liability insurance policy? Yes No

If yes, provide information below.

Company	Policy Number	Effective Dates	Claims Made or Occurrence

- 20. Is the management of the association conducted by a management firm or agency?

Yes No

If yes, list name and address: _____

- 21. Does any owner, director or officer of the association have a financial interest in or work for the management company? Yes No

If yes, explain: _____

- 22. Percentage of units rented or subleased on a short term or rental pool basis: _____

If any, give details: _____

- 23. Does the board have the power to condemn property? Yes No

- 24. Does applicant have Workers' Compensation coverage in force? Yes No

- 25. Does applicant lease employees? Yes No

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FRAUD WARNING:

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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

No person proposed for this insurance is cognizant of any act, omission or error which he has reason to suppose might afford valid grounds for any future claim such as would fall within the scope of the proposed insurance except as follows (if none, indicate by "No exceptions"):

The undersigned authorized officer of the condominium/cooperative declares that to the best of his knowledge and belief the statements set forth herein are true and complete, and knows of no other information which relates to the consideration of this insurance.

I understand that this application is for the issuance of a policy that provides liability coverage only for injuries that occur during the policy period and claims arising therefrom made during the policy period.

The undersigned hereby authorizes the release of claim information from any prior insurer to the Company.

NAME OF ENTITY: _____

BY: _____

TITLE: _____

DATE: _____

(Must be signed by Chairman of the Board or President)

AGENT NAME: _____ AGENT LICENSE NUMBER _____

*Signing this form does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. Application **must** be currently signed and dated to be considered for quotation.

NOTE: A copy of the association's two latest statements of conditions and a copy of the bylaws must accompany this proposal. No change in bylaws.

IMPORTANT NOTICE

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PLEASE ANSWER ALL QUESTIONS. IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."