

## Condominium Association Supplemental Application

1. Name of the Association: \_\_\_\_\_  
Fed Emp ID # - \_\_\_\_\_  
Is this association a master association for one or more sub-associations? .....  Yes  No  
Is this a co-operative?.....  Yes  No  
Is there a timeshare or hotel exposure? .....  Yes  No  
Has the insured filed for bankruptcy in the past five years?.....  Yes  No  
Is there a developer involved?.....  Yes  No  
If yes, please answer the following:  
Is there at least one non-developer unit-owner on the board of directors? .....  Yes  No  
Is the community at least 80% complete?.....  Yes  No  
Will the developer provide an endorsement naming the Association as an AI? .....  Yes  No
  
2. Location Address: \_\_\_\_\_
  
3. Total Number of Units in Complex: \_\_\_\_\_  
Number of Buildings in Complex: \_\_\_\_\_ Number of Floors in Buildings: \_\_\_\_\_  
Do all balconies and open stairwells have guard rails with a separation of 6 inches or less? ....  Yes  No
  
4. Does Association personnel enter units for any reason? .....  Yes  No  
If yes, please explain: \_\_\_\_\_
  
5. How frequently are the grounds checked for hazardous exposures?  Daily  Weekly  Other \_\_\_\_\_  
Are the findings documented in a maintenance log?.....  Yes  No
  
6. Are the units all owner occupied? .....  Yes  No  
If no, please answer the following:  
What percentage of the units are vacant? \_\_\_\_\_ %  
What percentage of the units are rentals? \_\_\_\_\_ %  
Long term rentals (more that 30 days)? \_\_\_\_\_ % Short term rentals (less than 30 days)? \_\_\_\_\_ %  
Who handles the rentals?  The Association  Unit Owner  Other \_\_\_\_\_  
Does the Association receive revenue from the rentals? .....  Yes  No  
Are there any association owned and association rented units? .....  Yes  No  
If yes, how many? \_\_\_\_\_
  
7. Are there any commercial occupancies? .....  Yes  No  
If yes, please provide the following:  
Schedule of commercial occupants: \_\_\_\_\_  
Total square footage of commercial space: \_\_\_\_\_
  
8. Are all buildings 100% sprinklered? .....  Yes  No
  
9. Are all units equipped with smoke alarms?.....  Yes  No  
Hard wired?.....  Yes  No  
Battery operated with a program in place for battery maintenance?.....  Yes  No  
Are common areas and hallways equipped with smoke alarms?.....  Yes  No
  
10. When were the buildings constructed? \_\_\_\_\_ Construction Class: \_\_\_\_\_  
If over 30 years old, please answer the following:  
Has the roof been updated? .....  Yes  No  
Have the plumbing and electrical been updated? .....  Yes  No  
If not, does the association have a maintenance program in place? .....  Yes  No  
Please provide detail on the maintenance program: \_\_\_\_\_

11. Do all buildings have copper or pigtailed aluminum wiring? .....  Yes  No
12. Are the buildings equipped with elevators? .....  Yes  No  
 Name of the elevator maintenance contractor: \_\_\_\_\_
13. Does the association have a swimming pool or spa?.....  Yes  No  
 Number of pools \_\_\_\_\_ Number of spas \_\_\_\_\_  
 Is the pool fenced with a self-closing, self-latching gate with no direct access from any units?  Yes  No  
 Is there a diving board or slide? .....  Yes  No  
 Is there a lifeguard? .....  Yes  No
14. Is the community gated? .....  Yes  No  
 Is there a security guard on the premises?.....  Yes  No  
 If yes, is the guard armed? .....  Yes  No  
 Are the guards direct employees of the association? .....  Yes  No
15. Are certificates of insurance required from all sub-contractors and service providers?.....  Yes  No  
 If yes, do they require equal limits of liability? .....  Yes  No
16. Are there any signed contracts for services of any kind from a law enforcement agency (police or sheriff) or municipality?.....  Yes  No

<b>Are any of the following on the premises?</b>	
Ball Diamonds, Basketball, Tennis or other Sports Courts	# of Courts _____
Boat Docks/Slips	# of docks/slips _____
Boat Storage	Gross Sales \$ _____
Club House	Square Footage _____
Golf Carts (rented by Association)	Gross Sales \$ _____
Lakes – Recreational	# of Acres _____
Laundry-Self-Service	Gross Sales \$ _____
Paddle Boats	# of Boats _____
Parks	# of Acres _____
Playgrounds	# of Playgrounds _____ /# of items _____
Refreshment Stands	# of Stands _____
Restaurant	Gross Sales - Food \$ _____ Liquor \$ _____
Sauna	# of Saunas _____
Wastewater/Sewage Treatment Facilities	# of Treatment Facilities _____
Sporting Goods Store	Gross Sales \$ _____
Streets/Roads	# of Miles _____
Vacant Land	# of Acres _____

**Non-owned & Hired Automobile**

1. Do any employees regularly use their automobiles in your business? .....  Yes  No  
 Do you (as an employer) require employees to maintain adequate limits of liability of at least \$100,000/\$300,000 B.I., \$100,000 P.D. or a CSL of \$400,000? .....  Yes  No
2. Explain the type of controls you maintain? \_\_\_\_\_
3. # of employees? \_\_\_\_\_
4. Any losses? .....  Yes  No  
 Explain - \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECIEVE ANY INSURER, FILES A STATEMENT OF CLAIM OR APPLICATION CONTATING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Applicant Signature: \_\_\_\_\_