



**PROGRAM UNDERWRITERS**

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# **Community Associations**

## Comprehensive Profile

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Please complete this Questionnaire and the separate amenity forms that apply for the exposure activities found at the Community Association indicated.

**Account Characteristics**

Registered Name of Non Profit Corporation:

Web Site Address:

E-mail Address:

Type of Management (check one):

- On Site / Association Employee
- On Site / Property Management Firm
- Off Site / Property Management Firm
- Developer Managed
- Other:

Contacts for Loss Control Inspection

Location	State	Contact Name	Phone

## Demographic Characteristics

### Type of Terrain

✓ Check one

- Forest
- Open Grassland
- Desert
- Urban
- Within Incorporated City/Township

### High Frequency Risk Zones

- Hurricane / Wind
- Flood - Zone
- Forest Fire
- Earthquake – Zone
- Volcano

Number of Total Building Lots:
Developed:
Undeveloped:

Type of Building Unit	Number	Built	Is Client Responsible to Insure	
Single Family (Detached)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Condominium Units			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Townhouse Units			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apartment Units			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-Residential Hotel / Motel Units			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Full Time Population:
Seasonal Population:

### Type of Association

- Resort
- Retirement
- Residential

Annual Operating Budget:
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## Physical Characteristics

Total Acres (Community / Resort):	acres
Total Acres Common:	acres
Miles of Association Owned Pathways:	miles
Miles of Association Owned Roads:	miles

**Lakes and Rivers:**

Number of:	Lakes / Reservoirs
	Ponds
	Rivers
	Dams

**Streets / Roads**

Streets/Roads	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Miles:
Bridges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Bridges:
Street Lights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other Traffic Control Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Pathways:**

Walking / Jogging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bicycle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Equestrian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List:
Are Pathways Patrolled:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Safety Program**

Is there a position that oversees a safety program for the operation? Yes No

Does the safety program include the following:

Evacuation Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Response Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self Inspection Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incident Investigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Subcontractor / Concessionaire Controls**

Is there a subcontractor control policy in place for selecting and managing subcontracted operations? Yes No

Are subcontractors required to carry Commercial General Liability coverage at limits of liability to pay potential claims expected from work performed? (minimum limits should \$1,000,000)

Yes No

Are subcontractors required to place their coverage with an insurance company that has a Best's rating of A or better?

Yes No

Is the resort named as an additional named insured on the subcontractor's liability and / or completed operation insurance policy?

Yes No

Are Hold Harmless clauses signed that hold the resort harmless from damages caused by subcontractors during operational activities and / or completed work?

Yes No

Are records maintained that allow identification of subcontractors used on each project or activity to ensure the ability to identify the sub if a loss occurs?

Yes No

**Services**

		<b>Insured</b>	<b>Subcontract</b>	<b>City</b>
Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste Water Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable TV	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash / Garbage Pickup	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street / Parking Lot	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow Removal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grounds Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shuttle Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Services**

		<b>Insured</b>	<b>Subcontract</b>	<b>Other</b>
Day Care / Nursery		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate Sales		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscape / Tree Maintenance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lake Weed Control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation Programs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Program Special Risks

Please complete applicable questionnaire for each operation checked below:

Aquatics (swimming pools / beaches)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Water Slides / Water parks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fitness Center / Spa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Security / Police	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Restaurant / Liquor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Golf Course	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Auto/Garage Keepers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Equestrian Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tennis Courts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Watercraft / Marina	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Day Care / Nursery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Concerts / Fairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Ice Skating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Snow Sledding / Tubing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Snowmobile Tours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
X-C Skiing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Guided Backpacking / Hiking Tours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Shooting Ranges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Inline Skating / Skateboarding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Campground	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Community Center / Club House	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Downhill Skiing Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, complete MountainGuard
Other:	(please list and complete generic form)		

**SUMMARY**

**All submissions require a completed and signed supplemental application / questionnaire. Prior to consideration by underwriting signatures must be obtained from a company representative.**

X \_\_\_\_\_

**Date**

**Signature**