

Account Characteristics

Registered Name of Non-Profit Corporation: _____

Website: _____ Email Address: _____

FEIN #: _____

Type of Management (check one)

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

Contacts

	Name	Email Address	Phone
Inspection			
Accounting			
Management Co			
President			

Required Attachments:

- Copies of any / all Waivers used for activities
- 5 years Currently valued Loss runs for Property, GL, Auto, Umbrella
- Plot map / diagram
- ACORD Property Application completed with all COPE information including years of updates for Roof, Heating, Electrical, Plumbing and sprinkler information
- Most recent audited Financial Statements
- Most recent appraisal showing the Cost per sq ft to rebuild may be required

Demographic Characteristics

	Type of Terrain		High Frequency Risk Zones
	Forest		Hurricane / Wind
	Open Grassland		Flood – Zone
	Desert		Forest Fire – Zone
	Urban		Earthquake – Zone
	Within Incorporated City / Township		Volcano

Number of Total Building Lots: _____

Developed: _____

Undeveloped: _____

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

Full Time Population: _____

Seasonal Population: _____

Type of Association:

- Resort
- Retirement
- Residential

Annual Operating Budget: _____

Physical Characteristics

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

Bodies of Water

Number of:

Lakes / Reservoirs _____

Ponds _____

Rivers _____

Dams _____

Streets and Roads

Streets / Roads	Yes	No	# of Miles:	
Bridges	Yes	No	# of Bridges:	
Streetlights	Yes	No		
Other Traffic Control Devices	Yes	No		

Pathways

Walking / Jogging	Yes	No	
Bicycle	Yes	No	
Equestrian	Yes	No	
Other	Yes	No	List: _____
Are Pathways Patrolled?	Yes	No	

Safety Program

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

Check the elements that ARE INCLUDED in the safety program:

Evacuation Plan
Emergency Response Plan
Self-Inspection Program
Incident Investigation

Subcontractor/Concessionaire Controls

	Yes	No	Details
Is there a subcontractor control policy in place for selecting and managing subcontracted operations?			
Are subcontractors required to carry Commercial General Liability coverage at limits of liability to pay potential claims expected from work performed? (minimum limits should be \$1,000,000)			
Are subcontractors required to place their coverage with an insurance company that has a Best's rating of A or better?			
Is the association named as an additional named insured on the subcontractor's liability and / or completed operation insurance policy?			
Are Hold Harmless clauses signed that hold the association harmless from damages caused by subcontractors during operational activities and/or completed work?			
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?			

Services

	Yes	No	Insured	Subcontract	City
Water					
Wastewater Treatment					
Cable / Internet					
Propane/Natural Gas					
Security <input type="checkbox"/> Unarmed <input type="checkbox"/> Armed					
Fire Suppression Systems					
Trash / Garbage Pickup					
Street / Parking Lot					
Snow Removal					
Grounds Maintenance					
Shuttle Transportation					

Association Streets	<input type="checkbox"/> Public <input type="checkbox"/> Private
Street Maintenance contract	Hold Harmless Clause <input type="checkbox"/> Yes <input type="checkbox"/> No Provide Copy
Parking Lot Maintenance contract	Hold Harmless Clause <input type="checkbox"/> Yes <input type="checkbox"/> No Provide Copy

Other Services

	Yes	No	Insured	Subcontract	Other
Day Care / Nursery					
Real Estate Sales					
Newspaper					
Landscape / Tree Maintenance					
Lake Weed Control					
Recreation Programs					

Program Special Risks

	Yes	No	Subcontracted	Description
Aquatics (swimming pools / beaches)				
Water Slides / Water Parks				
Fitness Center / Spa				
Security / Police				
Restaurant / Liquor				
Golf Course				
Auto / Garage Keepers				
Equestrian Center				
Tennis Courts				
Watercraft / Marina				
Day Care / Nursery				
Concerts / Fairs				
Ice Skating				
Snow Sledding / Tubing				
Snowmobile Tours				
ATV Tours				
X-C Skiing				
Guided Backpacking / Hiking Tours				
Shooting / Skeet Ranges				
Campground / RV Park				
Community Center / Clubhouse				
Downhill Skiing (if YES, see MountainGuard.)				
Mini Golf / Arcade / Amusements				
Mountain Biking				
Are any instructional classes provided for any of the activities above? (if YES, describe.)				
Other: Please list and complete the generic form				

Hired and Non-Owned Auto Exposures

Does the Insured have owned vehicles? Yes No (if yes, coverage should be added to primary auto policy)

Hired Auto

How often are rental cars used?	
What is the annual cost of hire?	
What are the rental cars used for?	
Are rental vehicles used to transport/shuttle people? (Yes / No)	

Non-Owned Auto

How often and for what purpose do employees or volunteers use their own vehicle for the Insured's operations?	
Is proof of insurance required from those drivers with at least minimum statutory requirements? (Yes / No)	
Does the Insured pull MVRs on anyone driving vehicles on their behalf? (Yes / No)	
How does the insured monitor this process?	

Eligible drivers must be 21 years of age or older.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

Community Associations Comprehensive Profile

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Community Associations Comprehensive Profile

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

For Maine Applicants Only: THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

Summary and Signature

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

Insured Signature

Date