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PROGRAM UNDERWRITERS

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# **Resort Condominiums Comprehensive Profile**

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

**Account Characteristics**

Registered Name of Corporation:
Physical Location:
Web Site Address:
E-mail Address:
Type of Management (check one):
<input type="checkbox"/> On Site Association Employee
<input type="checkbox"/> On Site / Property Management Firm
<input type="checkbox"/> Off Site / Property Management Firm
<input type="checkbox"/> Developer Managed
<input type="checkbox"/> Other:

**Contacts for Loss Control Inspection**

Location	State	Contact Name	Phone

## Demographic Characteristics

### Type of Terrain

✓ Check one

### High Frequency Risk Zones

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

- 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	
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
Type of Ownership	<input type="checkbox"/> Time Share		<input type="checkbox"/> Interval Ownership	

Full Time Population:
Seasonal Population:

### Type of Association

- Resort
- Retirement
- Residential

## Physical Characteristics

Total Acres Common:	acres
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### Exterior Recreational Facilities

Number of:
Swimming Pools:
Tennis Courts:
Ponds / Lakes:
Other:

### Property Information

Fully Sprinkled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Partial Sprinkled (Common Areas)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hard Wired Smoke / Heat Detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Battery Smoke / Heat Detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stand Pipes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Property Located Within a Fire Protection District	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the public protection class?		
Distance To Nearest Fire Station	Miles	
Distance To Closest Hydrant	Feet	
Water Supply:		
Municipal Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Private Well	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lake/River	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For locations in protection class 8 or 9 please describe fire suppression plan:		

### Safety Program

Is there a position that oversees a safety program for the operation? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are subcontractors required to place their coverage with an insurance company that has a Best's rating of A or better? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the resort named as an additional named insured on the subcontractor's liability and / or completed operation insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are Hold Harmless clauses signed that hold the resort harmless from damages caused by subcontractors during operational activities and / or completed work? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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**