

Condominium or Homeowner Association General Liability Application

E. How many swimming pools? _____ Number of diving boards, pool slides, or diving platforms:

- | | | |
|--|-----|----|
| a. Any diving boards, pools slides, or diving platforms over 10 ft. in height? | Yes | No |
| b. Are rules posted? | Yes | No |
| c. Are pools fenced? | Yes | No |
| d. Are gates self-closing and locking? | Yes | No |
| e. Any lifeguards? | Yes | No |

- | | | |
|-----------------------|---|--------------------------|
| Clubhouse _____ | Convenience Stores _____ | Saunas _____ |
| Spas _____ | Baseball Parks _____ | Volleyball Courts _____ |
| Tennis courts _____ | Basketball Courts _____ | Racquetball Court _____ |
| Playgrounds _____ | Lakes (no. of acres) _____ | Swimming Allowed? Yes No |
| Ice skating _____ | Bathing beaches _____ | Diving rafts _____ |
| Shooting ranges _____ | Restaurants/lounges _____ | Private airports _____ |
| 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? _____ How many trails?

Is? _____

Describe parks in detail: _____

J. Any horse trails or bike trails? Yes No

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 exposure which the association is responsible for? Yes No

U. Please attach any descriptive or advertising literature.

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

YEAR	COMPANY	POLICY #	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.

FRAUD WARNING APPLICATION 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 (APPLICATION IN TENNESSEE AND WASHINGTON)

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.

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 Individual to contact for inspection and/or premium audit purposes:

Agent Name: _____ Agent License Number: _____
(Applicable to Florida Agents only)

Iowa Licensed Agent: _____

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 requests, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS- IF THEY DON'T APPLY, PLEASE INDICATE NOT APPLICABLE