



# CONDOMINIUM/TOWNHOUSE/HOMEOWNERS SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD Application)

1. NAME OF APPLICANT: _____
2. PROPOSED POLICY PERIOD _____ TO _____
3. YEAR ASSOCIATION WAS ESTABLISHED _____
4. DATE OF COMPLETION (CONSTRUCTION) _____

## UNDERWRITING INFORMATION

5. ARE THERE ANY PLANNED DEVELOPMENT OR CONSTRUCTION EXPOSURES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE: _____
6. NUMBER UNITS: _____ SINGLE FAMILY HOMES: _____ TOWNHOMES: _____ CONDOS: _____ RENTAL UNITS: _____ COMMERCIAL CONDOS: _____ TIME-SHARES: _____ IF UNITS ARE RENTED, WHO CONTROLS THE RENTALS? _____
7. DOES BUILDER OR DEVELOPER STILL OWN ANY UNITS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, # _____
8. IS THE BUILDER OR DEVELOPER A MEMBER OF THE BOARD OF DIRECTORS? <input type="checkbox"/> YES <input type="checkbox"/> NO
9. NUMBER OF STORIES: _____
10. ARE ALL BUILDINGS 100% SPRINKLERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
11. IS THE ASSOCIATION RESPONSIBLE FOR MAINTENANCE OF ROADS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY MILES OF ROAD? _____
12. SECURITY: ANY SECURITY GUARDS ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY? _____ ARE THEY ARMED OR UNARMED? _____ DOES THE ASSOCIATION DIRECTLY EMPLOY SECURITY GUARDS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF OUTSIDE SERVICE, ARE CERTIFICATES OF INSURANCE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO DOES THE NEIGHBORHOOD PARTICIPATE IN A NEIGHBORHOOD WATCH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ARE SECURITY PERSONNEL INVOLVED? DESCRIBE: _____
13. WHO SUPPLIES THE WATER TO THE ASSOCIATION? _____
14. ARE THERE ANY COMMERCIAL OCCUPANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE: _____
15. ARE THERE ANY ELDERLY OCCUPANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, %: _____ IS THIS A 65 OR OLDER COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO ANY PULL CORDS ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO ANY GROUP DINING? <input type="checkbox"/> YES <input type="checkbox"/> NO ANY MEDICAL STAFF? <input type="checkbox"/> YES <input type="checkbox"/> NO ANY PANIC BUTTONS ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO DOES THE ASSOCIATION PROVIDE TRANSPORTATION FOR RESIDENTS? _____ ARE THERE GROUP ACTIVITIES ORGANIZED BY THE ASSOCIATION? _____

## RECREATIONAL FACILITIES

16. SWIMMING POOLS: NUMBER OF POOLS: _____ ARE RULES POSTED? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE POOL(S) FENCED? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE GATE(S) SELF CLOSING AND LOCKING? <input type="checkbox"/> YES <input type="checkbox"/> NO IN COMPLIANCE WITH ANY FEDERAL, STATE OR LOCAL REGULATIONS REGARDING POOLS OR SPAS, INCLUDING DRAIN SAFETY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY DIVING BOARDS OVER ONE METER IN HEIGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: _____ ANY LIFEGUARDS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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17. PONDS/LAKES: NUMBER OF LAKE(S) OR PONDS (ACRES): _____ ANY BEACH EXPOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS SWIMMING ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THERE A ROPE OFF AREA FOR SWIMMING? <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY BOAT DOCKS? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW MANY? _____ ANY WATERCRAFT RENTAL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE NUMBER AND TYPE: _____
18. HORSE TRAILS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE # OF MILES AND DESCRIBE TRAILS IN DETAIL: _____	STABLES? <input type="checkbox"/> YES <input type="checkbox"/> NO RIDING ARENA? <input type="checkbox"/> YES <input type="checkbox"/> NO JUMPS? <input type="checkbox"/> YES <input type="checkbox"/> NO
19. BIKING/WALKING TRAILS: NUMBER OF MILES: _____	DESCRIBE TRAILS IN DETAIL: _____

### ADDITIONAL RECREATIONAL EXPOSURES

20. PROVIDE THE NUMBER OF THE FOLLOWING OWNED OR OPERATED BY THE ASSOCIATION:		
CLUBHOUSE(S) _____	SAUNA(S) – OPEN TO THE MEMBERS OR PUBLIC FOR CHARGE _____	
GOLF COURSES _____	SPA(S) – OPEN TO THE MEMBERS OR PUBLIC FOR CHARGE _____	
VOLLEYBALL COURT(S) _____	PLAYGROUND(S)/EQUIPMENT _____	TENNIS COURT(S) _____
RACQUETBALL COURT(S) _____	EXERCISE ROOMS/FACILITIES _____	BASKETBALL COURT(S) _____
BASEBALL PARK(S) _____	PRIVATE PARKING (INDOOR) _____	PARK(S) _____
OTHER: DESCRIBE _____		

21. ARE THERE ANY OTHER EXPOSURES WHICH THE ASSOCIATION IS RESPONSIBLE FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS: _____
22. ARE THERE ANY PRIOR OR ONGOING CLAIMS OR SUITS ARISING OUT OF MOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE AND ATTACH PROOF OF 100% REMEDIATION COMPLETION. _____

COMMENTS: \_\_\_\_\_

**SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.**

### FRAUD NOTICES:

***PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.***

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CO**

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.

**Applicable in FL**

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).



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**Applicable in KS**

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 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 which 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.

**Applicable in KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OK**

WARNING: 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).

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in Other States:**

WARNING: 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 may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.**

<b>Applicant Name (Name of Company)</b>	<b>Producer's Name</b>
<b>Signature of Authorized Representative</b>	<b>Producer's Signature</b>
<b>Print Name</b>	<b>Producer's Phone</b>
<b>Title</b>	<b>Producer's Fax</b>



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<b>Date</b>	<b>Producer's Email</b>
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