



CONDOMINIUM SUPPLEMENTAL APPLICATION

Applicant: _____ Effective Date _____

Property Location: _____

Agency contacts _____ Phone # _____

Property Management Co: _____ Assn website: _____

Current Wind deductible terms: _____

Location Information

Distance to **Ocean:** _____

What measures are taken to prevent water damage from pipes?

- Heat maintained at 50 degrees? Yes No

- Burst proof hoses used? Yes No

Please describe any other measures: _____

Do employees use their personal Autos for Association business? Yes No

- If yes, is their limit of liability on their Personal Auto policy \$300,000 or higher? Yes No

- Do you obtain certificate of insurance from employees showing proof of insurance and liability limits? Yes No

Building Information

Total number of Buildings _____ Year Built _____ % Sprinklered _____

Year Roof Renovated _____ Year other updates: _____

DETAILS on UPDATES: _____



THE FOLLOWING INFORMATION IS ESSENTIAL AND MUST BE COMPLETED. (Statement of Values will not be accepted in place of this section unless it contains ALL information requested below.)

Building	Sq Ft	TIV	# Stories	# Units	Construction Type
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
TOTALS					

	Yes	No	
EIFS construction	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, % of exterior that is EIFS _____</i>
Pools	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, how many _____</i>
Playground	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, how many _____</i>
Basketball /Racquet/ Tennis Court	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, how many _____</i>
Gym	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, how many _____</i>
Clubhouse	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, how many _____</i>
Rented to others?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, total receipts: \$ _____</i>
Is liquor served?	<input type="checkbox"/>	<input type="checkbox"/>	
Commercial Units	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please list separately? _____</i>
Docks/Slips	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, how many _____</i>
Other insurance provided?	<input type="checkbox"/>	<input type="checkbox"/>	
Security Guards	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, Association employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>
Any Association Employees	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, how many _____</i>



ROOF & GLASS DETAILS

This information will be used to assist with the Wind Modeling of the location. It is imperative that all information provided be completely accurate and verification of information source must be provided.

If you cannot provide written verification, use the “Unknown” box.

Roof Age: 0 to 5 years 6 to 10 years 10 years or more

Roof Geometry:

Unknown Flat Gable, over 30 degrees Gable, under 30 degrees Hip Monoslope roof

Roof Covering:

Unknown Concrete fill Metal sheathing Single ply membrane Build-up roof
 Asphalt composite Rated shingle (110 mph) Concrete/clay tiles Wood shingle

Roof Covering Attachment (Anchor):

Unknown No anchorage Toe nailing (wood roof) Metal or bolt anchors

Roof Deck (Sheathing) Attachment:

Unknown Designed for extreme wind loading Not specifically designed for high wind loading
 Size of nails unknown 6D nails 8D nails 10D nails or screws
 Nailing schedule unknown high-wind nailing schedule minimum nailing schedule

Cladding:

Unknown Reinforced masonry or concrete Non-reinforced masonry or concrete
 Brick veneer Metal sheathing Wood EIFS (Exterior insulating finishing system)

Opening Protection:

Unknown No shutter Class C shutters Class B shutters Class A shutters
 Jalousie or awning windows Casement windows Laminated glass Impact resistant glass

Basement:

No Basement Basement - unknown flood protection
 Basement with flood protection Basement no flood protection

Wind Resistance – Doors:

Unknown Designed for wind pressure and impact resistance Designed for wind pressure only

Verification sources:

Attachments:



UMBRELLA QUOTE INFORMATION

Current Carrier: _____ **Limits \$** _____ **Premium \$** _____

LIMIT/S REQUESTED:

- \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000
- \$5,000,000 \$10,000,000 \$15,000,000 \$25,000,000
- \$50,000,000 \$75,000,000 \$100,000,000

Life Safety

Are there multiple means of egress from buildings? Yes No

Is there emergency lighting? Yes No

Are there smoke detectors in units? Yes No

Electricity:

Fuses Yes No Circuit Breakers Yes No

Automobile Exposures:

Does the association own any automobiles? Yes No

If yes describe: _____

Applicant Signature

I declare that the information submitted herein on these pages is true to the best of my knowledge, and that no material facts have been suppressed or misstated. I understand that an incorrect or incomplete statement could void my coverage.

Signature of Applicant _____ **Date** _____

Applicant Name _____ **Title** _____

THE COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE COMPANY.