



**CONDOMINIUM SUPPLEMENTAL APPLICATION**

**Applicant:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**Property Location:** \_\_\_\_\_

**Agency contacts:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Property Mgmt Co:** \_\_\_\_\_ **Assn. website:** \_\_\_\_\_

**TOTAL INSURED VALUES:** \$ \_\_\_\_\_

**Current Package Premium:** \$ \_\_\_\_\_

Property Premium \$ \_\_\_\_\_ Wind Premium \$ \_\_\_\_\_ GL Premium \$ \_\_\_\_\_

**Current Carrier:** \_\_\_\_\_ **Current Agent:** \_\_\_\_\_

**Current Wind deductible:** \_\_\_\_\_

**Flood Zone:** \_\_\_\_\_ **Insurance in place?**  Yes  No

**Distance to Ocean:** \_\_\_\_\_

**Location Information**

**Approximate Average Sales Price of a Condo Unit:** \$ \_\_\_\_\_

**Total # of Buildings** \_\_\_\_\_ **Total # of Units:** \_\_\_\_\_

**Year Built** \_\_\_\_\_ **% Sprinklered:** \_\_\_\_\_

**Year Roof Renovated** \_\_\_\_\_ **Years of other updates:** \_\_\_\_\_

**Specific Details on Updates (Verified specific improvements may considerably improve quote):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This form Completed by** \_\_\_\_\_ **Date:** \_\_\_\_\_



**PLEASE COMPLETE THE FOLLOWING.**

**A Statement of Values can not be accepted in place of this section unless it contains ALL information requested below.**

Please check this box if a separate and complete SOV is being submitted

Building	Values	Construction Type	# Stories	# Units	Square Feet
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>TOTALS</b>					

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



## WIND MODELING INFORMATION

**Verification of information source must be provided in order to get credit for upgrades. If backup support data is unavailable, use the “Unknown” box.**

**Verification Sources for information: (e.g., Property Manager, Contractor, Inspection Survey, Appraisal):** \_\_\_\_\_

**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

**Roof Covering:**

Unknown    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)  
 Single Wrap Hurricane Ties    Double Wrap Hurricane Ties    Structurally Connected  
 Clips    Metal or bolt anchors

**Roof Deck (Sheathing) Attachment:**

Unknown    Designed for extreme wind loading    Not specifically designed for high wind loading

**Nail info:**

Size of nails unknown    6D nails    8D nails    10D nails or screws  
 Nailing schedule unknown    high-wind nailing schedule    minimum nailing schedule

**Cladding:**

Unknown    Brick veneer    Masonry veneer    Metal sheathing    Wood  
 Vinyl Siding or hardboard    EIFS (Exterior insulating finishing system)/Stucco

**Opening Protection:**

Unknown    No shutter    Class C shutters    Class B shutters    Class A shutters  
 Laminated glass    Impact resistant glass

**Wind Resistance – Doors:**

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

**Basement:**

No Basement    Basement with flood protection    Basement no flood protection



**Water Damage Protection:**

Procedure in place to keep heat maintained at 45 degrees? (Virginia and north)  Yes  No  
Procedure in place to use burst-proof hoses in units?  Yes  No

Please describe any other protective measures: \_\_\_\_\_  
\_\_\_\_\_

**Life Safety**

Are there multiple means of egress from buildings?  Yes  No  
Is there emergency lighting?  Yes  No

**Electricity:**

Fuses  Yes  No      Circuit Breakers  Yes  No      Any Copper Wiring?  Yes  No

**Automobile Exposures:**

Does the association own any automobiles?  Yes  No  
- If yes, describe: \_\_\_\_\_

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 drivers showing proof of insurance limits?  Yes  No

**Umbrella 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

**Applicant Signature – required upon binding any coverage**

**I declare that the information submitted herein on pages 1-4 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.**

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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