



HOMEOWNERS ASSOCIATION (PUD) PROGRAM SUPPLEMENTAL APPLICATION WITH LIMITED AMENITIES

APPLICATION REQUIREMENTS

DO NOT USE THIS APPLICATION IF YOU HAVE:

- A clubhouse valued over \$50,000
A lake or pond
A swimming pool with a slide or diving board

If you have any of the above exposures, please use the full application:

Name of Association:
Location address (required):
City: State: Zip:
Website Address:
Type of Association: (Civic Associations are NOT eligible)
Townhouse Cluster Home Single Home Master Other (specify):
Association Membership: Mandatory Voluntary

SUBMISSION REQUIREMENTS

- Completed & SIGNED Supplemental Application
Financials including budget
Carrier generated currently - valued loss runs (current year + last three years)
Plot Plan
Copy of D & O declaration page (for umbrella)

*** If residential structures coverage is desired, you must submit the Residential Application

SECTION I - GENERAL INFORMATION

1. Management Company Name: Address: City: State: Zip:
2. Billing Contact Name: Phone Number: Email Address:
3. Risk Management Contact: Phone Number: Email Address:
4. Number of Units Developed:
5. Projected Total number of units:
6. Year property was built:
7. Date of completion:
8. Is developer involved on the Association's board? Yes No

SECTION II - PREVIOUS CARRIER INFORMATION

Table with columns: Carrier, Expiration, Annual Premium. Rows: Package Policy, D & O, Fidelity (Crime).

SECTION III - COVERAGE SELECTION

A - Property Coverage Part

Clubhouse

1. Year Built: Square Footage:
2. Property Deductible: \$1,000 \$2,500 \$5,000 Other:
3. Coinsured Options: 80% 90% 100%
4. Equipment breakdown coverage desired? Yes No

B - General Liability Coverage Part

Limits of Liability: \$1,000,000 / \$2,000,000 \$1,000,000 / \$3,000,000 \$2,000,000 / \$4,000,000

C - Automobile Coverage Part

1. Hired and Non-Owned Coverage? Yes No
 (If there are vehicles, please attach the ACORD form inclusive of the schedule of vehicles and drivers)

D - Crime Coverage Part

1. Blanket Employee Dishonesty: Limit: \$ Deductible: \$
 2. Loss of Monies & Securities: On / Off premises: \$ Deductible: \$
 3. Computer Fraud: Limit: \$ Deductible: \$
 4. Forgery: Limit: \$ Deductible: \$
 5. Number of officers and employees who have custody of money:
 6. By whom is the financial audit completed?
 CPA Public Accountant Staff Other:
 7. Frequency of audits: Quarterly Semi-Annually Annually
 8. Is there a countersignature procedure in place? Yes No
 9. Are the bank accounts reconciled by an individual other than someone who is authorized to make deposit or withdrawals? Yes No

E - Umbrella Coverage Part

1. Limit of Liability: \$

Underlying Insurance:	Limit	Carrier	Effective Date
Auto Liability:	\$		
Employers Liability:	\$		
D & O:	\$		

SECTION IV – EXPOSURES

Description of Exposure	Construction	Quantity	Value
Business Personal Property			\$
Clubhouse (Use FULL Amenities Application if the value is over \$50,000)			\$
Cabana			\$
Docks / Slips			\$
Fitness Center (Property Limit applies if separate from clubhouse)			\$
Lakes (acres)	FULL APPLICATION REQUIRED		
Playground (each)			\$
Pools/Spa/Jacuzzi (each)			\$
Tennis Courts / Basketball / Sports Courts (each)			\$
Streets			\$
Street Lights			\$
Golf Courses (each)			\$
Gates / Walls / Fences			\$
Guardhouse			\$
Irrigation System (underground sprinkler system)			\$
Signs			\$
Trees/Shrubs			\$
Dog Park			\$
Mailboxes / Mail Kiosks			\$
Carports / Detached Garages			\$
Fountains			\$
Miscellaneous (please describe):			\$
Total Property limits:			\$

1. Playgrounds (if applicable), what pieces of equipment are there (specify):
 Mulch Rubber Sand Grass Concrete / Asphalt
2. Is it the financial responsibility of the Association to maintain the roads? Yes No
3. Is there a fitness center? Yes No
- a. What is the square footage? Yes No
- b. If yes, are there signed Release or Waiver of Liability forms required? Yes No
- c. If yes, are medical or clinical services provided? Yes No
- d. Are there fitness trainers? Yes No
4. Is there a swimming pool? Yes No
- If yes:
- a. Number of pools: Yes No
- b. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No
- c. Lifeguard on duty? Yes No
- d. Fenced with a self-locking gate? Yes No
- e. Clear depth markers? Yes No
- f. Visible life safety equipment? Yes No
- g. A sign posted with rules? Yes No
- h. Diving board over 1 meter? **FULL APPLICATION REQUIRED**
- i. Water Slides? **FULL APPLICATION REQUIRED**
- j. Does the Association sponsor a swim team? Yes No
- k. Are sports competitions or meets held on premises? Yes No
5. Is there an Association owned lake? **FULL APPLICATION REQUIRED**
6. Is there a beach? Yes No
- If yes:
- a. Lake or Coastal
- b. Is there a lifeguard on duty? Yes No
- c. Are signs posted? Yes No
- d. Is swimming area roped off? Yes No
7. Do any of the following exposures exist?
 Airport Boat Rental Sewage Treatment Facility
 Animal Stables Bounce Houses or Trampolines Skate Park
 Bridges Ice Skating Water Treatment Facility
8. Brush Exposure: Thick Moderate Barren
9. Confirm Certificates of Insurance are received for all outside contractors? Yes No
10. Liability insurance is verified for:
 Landscaping Maintenance Pool Service Plumbing
11. Is there a guard service provided? Yes No
- If yes, please answer the below:
- a. Type of guard service provided: 24 hour Evenings Other:
- b. Are the guards: Armed Unarmed
- c. Are the guards: Employees Off Duty Police Independent Contractors * Non-cash compensated security
- *If security service is an independent contractor, please provide a Certificate of Insurance and a fully executed copy of the contract.
12. Are the premises monitored by a closed circuit TV? Yes No
13. Is this a gated community or gated property? Yes No
- If yes, please describe access:
14. Describe any fixed security measures in place. (i.e. window security in place, cards, locks, sliding glass doors, etc.).

- | | | | |
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| 15. | Are incident reports provided to senior management of the property management company for security improvement action plans to be implemented? | Yes | No |
| 16. | What process is followed after a violent incident takes place? | | |
| 17. | Are criminal background checks conducted on all employees? | Yes | No |
| 18. | Any property leased to others? | Yes | No |
| 19. | Does the association sponsor any sport teams or events?
If yes, please describe: | Yes | No |
| 20. | Does the Association offer any child care, child services or camps?
If yes, please describe: | Yes | No |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

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APPLICABLE IN MAINE, TENNESSEE, VIRGINIA 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:

Address of Applicant:

City:

State:

Zip:

Website: www:

Nature of Operations:

1. Annual sales or revenue: \$

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

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(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

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