



CONDO/HOA GL AND D&O SUPPLEMENTAL APPLICATION

SECTION A: Applicant Information

1. Applicant Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Location Address: _____ City: _____ State: _____ Zip: _____
Website: _____ Phone Number: _____

SECTION B: Business Information

1. Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
3. Since when has the association been continually operating since? _____
4. Association type (select all that apply):
☐ Homeowners ☐ Commercial ☐ Townhome
☐ Property Owners' ☐ Cooperative ☐ Master Association
☐ Highrise ☐ Timeshare ☐ Condominium ☐ Other: _____
5. Total number of employees:
Full time: _____
Part time: _____
Seasonal/temporary: _____
6. Has control of the association been transferred from the builder, developer, or sponsor? ☐ Yes ☐ No
If yes, is the builder, developer, or sponsor either represented or a member of the Board of Directors? ... ☐ Yes ☐ No
7. Does the Insured own, maintain, control, or have an affiliation with any of the following (check all that apply):
☐ Airfield/Airstrip ☐ Golf Course (with outside members)
☐ Sewer Treatment Facility ☐ Country Club (with outside members)
☐ Water Treatment Facility ☐ Lake/Pond with Dam
If any of the above are selected, please describe in detail:

8. Is the association self-managed or managed by a property management company? _____
Property Management Company name: _____
Website of Property Management Company: _____
Years managed by this property manager: _____
9. Describe and state the percentage of commercial occupancy: _____
10. Total units: _____ Residential units: _____ Commercial units: _____
Vacant units: _____ Owner occupied units: _____ Developer occupied units: _____
Units rented: _____ Student occupied units: _____ Bank owned units: _____
Subsidized units: _____ Residential buildings: _____ Non-residential buildings: _____
11. Are vacant units monitored, and utilities upheld? ☐ Yes ☐ No
12. If units are rented out, what percentage are short term vacation rentals? _____
13. Are there any known construction defects? ☐ Yes ☐ No
If yes, provide details: _____

SECTION C: Property Information

1. ISO construction class: _____ Number of stories: _____ Year built: _____
2. Detail any major renovations: _____

3. Complete the table below by placing an "x" in applicable boxes:

Area	N/A	Smoke detectors			Sprinklers			CO detectors		
		Hardwired	Battery	None	Wet	Dry	None	Hardwired	Battery	None
Common Areas (residential buildings)										
Residential Units										
Clubhouse										
Restaurant/Commercial Units										

4. Is there a fire alarm? ☐ Yes ☐ No
If yes, local or central station? _____
5. If building(s) is sprinklered, is sprinkler system connected to a centrally monitored alarm? ☐ Yes ☐ No
6. Is there an annunciator panel? ☐ Yes ☐ No
7. Is there a manual pull box fire alarm? ☐ Yes ☐ No
8. Are there fire hydrants on or near the premises? ☐ Yes ☐ No
9. Are there functioning sandpipes in the building? ☐ Yes ☐ No
10. Are there any buildings over three stories with common areas? ☐ Yes ☐ No
If yes to 10, are there illuminated exit signs and emergency lighting? ☐ Yes ☐ No
If yes to 10, are interior stairwells masonry enclosed? ☐ Yes ☐ No
If yes to 10, are stairwells equipped with self-closing class B fire rated doors? ☐ Yes ☐ No

Electrical

1. Are maintenance and/or updates to electrical system(s) the responsibility of the association? ☐ Yes ☐ No
2. If building(s) is greater than 25 years old, state the date of last update to electrical (association-controlled areas): _____
3. Does the association have a generator for non-emergency use? ☐ Yes ☐ No
If yes, provide generating capacity (kilowatt): _____
4. Are circuits protected by circuit breakers? ☐ Yes ☐ No
5. Does any building have aluminum wiring? ☐ Yes ☐ No
If yes, were repairs completed by a licensed electrical contractor? ☐ Yes ☐ No
Indicate the method of repair (select one below):
☐ COPALUM connectors
☐ Aluminon connectors
☐ Other (specify): _____
6. Does any building have the following (select all that apply):
☐ Stab Lok electrical panel
☐ ITE Pushmatic electrical panels
☐ Zinsco electrical panels
☐ Knob and Tube wiring
☐ Fuses
If any above are selected, please detail any remediation of the above: _____

SECTION D: Security Information

- Are there any security guards? ☐ Yes ☐ No
If yes, are they armed? ☐ Yes ☐ No
Are the security guards' employees or independent contractors? _____
- Are there security cameras on the premises? ☐ Yes ☐ No
- Are background checks performed for all potential employees and property managers? ☐ Yes ☐ No
- In the last 12 months, have any emergency services been called (i.e. police, ambulance, fire dept.)? ☐ Yes ☐ No
If yes, please explain:

- Please describe the system for locking each type of door, gate, exterior door, etc. (key fobs, keys, keypads, etc.):

SECTION E: Amenities and Recreation Information

- Complete the table below by placing an "x" in applicable boxes. If applicable, complete the associated questions:

Operation/Exposure		Operated/Maintained by		Exposure Basis
		Insured	Sub-contracted	
Boat Rental (< 15 HP, canoes, kayaks, paddle boats, row boats)				Gross Sales:
Boat Rental (> 15 HP, pontoon boats, ski boats, personal watercraft)				Gross Sales:
Docks/Boat Slips/Moorage/Storage				Gross Sales:
Clubhouse/Community Room				Total Area:
Dam, Levee, Dike				Number:
Fitness Room				Total Area:
Golf Course				Gross Sales:
Golf Cart Rental	No. of Golf Carts:			Gross Sales:
Lakes, Ponds, Retention Ponds				Number:
Marina				
Restaurant/Bar	Square Footage:			Food \$: Liquor \$:
Streets and/or Roads Maintained				Total Miles:
Playground				Number:
Swimming Pools (<i>complete swimming pool section</i>)				Number:
Sauna/Hot Tub				Number:
Snow Clearance				
Sports Courts				Number:
Vacant Land				Total Acreage:
Parking Garage/Lot				
Other Commercial/Retail Tenants (other than PM) (<i>attach tenant list</i>)				Square Footage:
Special Events or Other Community Association Sponsored Events				
Helipads				

Swimming Pools ☐ N/A

- How many swimming pools are there? _____ Number of hot tubs: _____
- Do hot tubs have an automatic shut off? ☐ Yes ☐ No
- Do pools have self-latching doors or gates? ☐ Yes ☐ No
- Are there any diving boards or pool slides? ☐ Yes ☐ No

If yes, please describe: _____

5. Are there lifeguards on duty? ☐ Yes ☐ No
If yes, how often? _____
If yes, are they subbed out or employees? ☐ Yes ☐ No
6. Are pool depths adequately marked? ☐ Yes ☐ No
7. Are pool chemicals properly stored? ☐ Yes ☐ No
8. Does pool comply with the requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act?..... ☐ Yes ☐ No
9. For all water, is there rescue equipment? ☐ Yes ☐ No
10. For all water, is there warning/rules signage? ☐ Yes ☐ No

Parking Garage/Lot ☐ N/A

1. Check below all that apply:
☐ Open Air Lot (open to public) ☐ Open Air Lot (private unit owners only)
☐ Garage (open to public) ☐ Garage (private unit owners only)
2. Is valet service available? ☐ Yes ☐ No
If yes, is valet service operated by Insured or Independent Contractor? _____
If yes, are keys held by the valet? ☐ Yes ☐ No
3. Describe security measures in place for parking and valet:

SECTION F: Directors and Officers Liability Information

1. Does the builder/developer or agent maintain representation on the board? ☐ Yes ☐ No
If yes, has control of the board been turned over to the association? ☐ Yes ☐ No
2. Does the association own, maintain, or have an affiliation with a golf course or country club? ☐ Yes ☐ No
If yes, does the golf course/country club have a separate board or is it separately managed? _____
3. Does the association own, maintain, or have an affiliation with a water treatment facility? ☐ Yes ☐ No
4. Does the association have a negative fund balance? ☐ Yes ☐ No
5. Does any one person/entity own multiple units? ☐ Yes ☐ No
If yes, what is the greatest percentage of units owned by one person entity? _____
6. Within the last 24 months, have any of the following occurred (select all that apply):
☐ The association completed a foreclosure sale against an owner
☐ Challenges to board elections, covenants, or by-laws
☐ The board initiated litigation for reasons other than collection of dues or fees
7. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made against the applicant, or any proposed for insurance in the capacity of director, officer, trustee, employee, or volunteer of the application? ☐ Yes ☐ No
8. Has any policy for directors and officers or employment practices liability ever been cancelled or non-renewed? ☐ Yes ☐ No

Organization Background

1. Has the association been in operation for more than five years? ☐ Yes ☐ No
2. Are there sources of income other than dues, assessments and investments? ☐ Yes ☐ No
If yes, please explain: _____

Organization Operation Detail

1. Does the association have an annual financial statement prepared? ☐ Yes ☐ No
2. Is the association's bank account(s) reconciled by someone other than the person also authorized to withdraw, deposit, or transfer funds? (quarterly, semi-annually, annually) ☐ Yes ☐ No
3. Do checks written by the association require a countersignature? ☐ Yes ☐ No
In excess of: _____

Claims Information

1. Within the last five years, have there been any incidents, occurrences, or claims for theft, embezzlement, larceny, robbery, unlawful taking or other forms of dishonesty involving the proposed named insured or any other person proposed for this insurance? ☐ Yes ☐ No
If yes, please advise by separate attachment
2. Is any person proposed for this insurance aware of any fact, circumstance, or situation that may give rise to a claim by other forms of dishonesty involving the proposed named insured or any person proposed for this insurance? ☐ Yes ☐ No
If yes, please provide full details by separate attachment

SECTION G: Employment Practices Liability Insurance Coverage (not available without D&O coverage) ☐ N/A

1. Has there been or is there an anticipated reduction of employees in the past/next 12 months? ☐ Yes ☐ No
2. Does the applicant have a clear procedure in place to report sexual harassment and other complaints? ☐ Yes ☐ No
3. Does the applicant have formal written procedures for hiring and firing employees? ☐ Yes ☐ No

SECTION H: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____