



**HOMEOWNERS ASSOCIATION SUPPLEMENTAL (Complete in addition to ACORD Application)**

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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**EXPOSURES:** Advise number, miles, acres or square feet, as indicated. \*Complete Supplement

Airport	_____	Dump	_____	Sauna	_____
Baseball field	_____	Exercise/Fitness room	_____	Shooting range	_____
Basketball court	_____	Ice skating	_____	Stable	_____
Beaches	_____	Lake/Pond (acres)	_____	Street/Road	_____
Bike trail (miles)	_____	Park (acres)	_____	Tennis court	_____
Boat dock/slip	_____	Parking garage	_____	Waterpark	_____
Clubhouse/Partyroom (Sq. ft.)	_____	Pool	_____	Whirlpool	_____
Dams	_____	Racquetball court	_____	Woodburning	_____
Other (describe):				Fireplace/Stove*	_____

**GENERAL INFORMATION**

- Type of business entity: \_\_\_\_\_
- Building is occupied by:
 

<input type="checkbox"/> Owner	_____ %	<input type="checkbox"/> Vacant or sold but not occupied	_____ %
<input type="checkbox"/> Tenants	_____ %	<input type="checkbox"/> Units not sold	_____ %
<input type="checkbox"/> Seasonal tenants	_____ %	<input type="checkbox"/> Assoc.-Owned rental units	_____ %
<input type="checkbox"/> Vacationers	_____ %	<input type="checkbox"/> Unknown	_____ %
- Does a developer have an interest in the association or property?  Yes  No
- Does the named insured include the developer or property manager?  Yes  No
- Check all the following that apply:
 

<input type="checkbox"/> Full time resident manager	<input type="checkbox"/> Owner who resides on the premises
<input type="checkbox"/> Full time property management company with 3 or more years of experience	

**Where appropriate, use Y (Yes) or N (No)**

	Building 1	Building 2	Building 3	Building 4	Building 5
Number of stories					
Number of units					
Number of vacant units					
Number of means of egress					
All exists are marked with EXIT sign?					
Number of smoke detectors					
Are smoke detectors battery powered?					
Is building sprinklered?					
Percent sprinklered					
Describe areas not sprinklered. <b>(Note Bldg. # next to description)</b>					
Describe property/premises updates. <b>(Note Bldg. # next to description)</b>					
Current renovations?					
If yes, cost/type of renovation. <b>(Note Bldg. # next to description)</b>					

	Building 1	Building 2	Building 3	Building 4	Building 5
Years owned					
Any EIFS or DEFS siding?					
Is there a parking lot?					

In accordance with applicable building codes:

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are sidewalks, driveways and parking lots regularly maintained?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If subcontractors perform renovations, janitorial, lawn care, snow removal and/or other maintenance services: |                          |                          |                          |
| a. Are certificates of insurance on file?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is the applicant named as an additional insured on their policy?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are coverage and limits equal to or greater than applicant's policy limits?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is there a hold harmless agreement in favor of applicant?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there emergency lighting?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are barbecue grills allowed on outside balconies or decks?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had any prior losses due to mold?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |

**Complete only the sections that apply. Where appropriate, use Y (Yes) or N (No)**

	Building 1	Building 2	Building 3	Building 4	Building 5
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**Swimming Pools**

Number of pools					
Is pool indoor or outdoor?					
Is there a self-closing gate/door?					
Is there a lifeguard?					
Is there a diving board over 3 meters? (Exclusion required)					
Is the pool fenced from all units?					
Is the fence at least 4' in height?					
Does the pool have depth markers?					
Is there lifesaving equipment in place?					
Hours of operation					
Is fence locked when pool is closed?					
Is the pool/spa in compliance with Virginia Graeme Baker Pool and Spa Safety Act?					

**Playground Equipment**

Type of surface below playground					
Age of equipment					
Is equipment regularly inspected?					

**Exercise Facilities**

Age of equipment					
Is there a tanning bed?					
Is equipment regularly maintained?					
Are rules posted?					
Is exercise facility secured?					

Describe access to facility.  
**(Note Bldg. # next to description)**

	Building 1	Building 2	Building 3	Building 4	Building 5
<b>Bathing Beaches</b>					
Are lifeguards present?					
Is the swimming area marked?					
Are rules posted in swimming area?					
<b>Boat Docks and Slips</b>					
Are docks inspected annually?					
Are docks coated with a nonslip surface?					
Are rules posted?					
<b>Lakes/Ponds</b>					
Are there any recreational facilities provided?					
If yes, describe. <i>(Note Bldg. # next to description)</i>					

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Are any of these facilities/exposures available to the outside public (other than guests of residents) for use?<br>If yes, describe:<br>If yes, are renters required to carry general liability coverage?<br>Limits required: | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a standard written contract between the business and the renter?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the contract require the renter to name the business as an additional insured?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the contract require the renter to indemnify and hold harmless the business?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are certificates of insurance updated on an annual basis?   | <input type="checkbox"/> | <input type="checkbox"/> |

**Complete only the sections that apply. Where appropriate, use Y (Yes) or N (No)**

	Building 1	Building 2	Building 3	Building 4	Building 5
<b>Patrol or Guards</b>					
Are security guards armed?					
Indicate if guards are employees or independent contractors.					
If independent contractors, are certificates of insurance required?					
Is the applicant named as an additional insured on their policy?					
Is security 24 hours?					
Does the lease/rental agreement make any warranties with regard to security?					
<b>Gated/Property Access</b>					
Is the property fenced/gated?					
Is the building entrance secured?					
<b>Alarm Systems</b>					
Are alarm systems in every unit?					
Indicate if alarms are central station or locally monitored.					

	Building 1	Building 2	Building 3	Building 4	Building 5
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**Security Cameras**

Is there a security camera system?					
Are common areas and parking facilities lighted?					

**Window and Door Locks**

Do sliding doors have additional locks?					
Are dead bolts on entry doors?					
Are viewing windows in front doors?					
Do windows have locks/bars?					
Are there dead bolts on the doors?					

**COVERAGES**

Does the applicant desire Assault or Battery Coverage?  Yes  No

If yes, has there been or are there currently any allegations, incidents, losses or claims for assault or battery?

Yes  No If yes, provide details:

**IMPORTANT NOTICE**

**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date

Agent Name and Address