

Submission Requirements:

1. ACORD Applications	3. Condos: Assoc Rules/Bylaws (if available)
2. 3-5 year Loss History	4. Apts: If new purchase, experience of owner

Applicant Information

Name of Applicant	Phone Number	Email
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Occupancy Information

Percent of Occupants

- Low Income: _____ %
- Student: _____ %
- Subsidized: _____ %
- Elderly: _____ %
- Occupancy Rate: _____ %
- Annual Short Term Rentals: _____ %

Occupancy units

- Number of Units/Rooms: _____
- Average Monthly Rent per Unit: \$ _____
- Number of Rental Units Owned by Assoc: _____
- Number of Rental Units Owned by Unit Owners: _____
- Average Cost per Unit: _____
- Number of Floors/Stories: _____
- Number of Rental Units: _____

Management & Construction

Answer the following:

1. Does the insured own and manage the property? Yes No
2. Is the insured a manager only? Yes* No
 - If yes, years of experience: _____
3. Is there a resident manager? Yes No
4. Is the insured responsible for maintenance of the property? Yes No
5. If subcontracted out, are certificates of insurance required and records kept? Yes No
6. Is there a schedule for inspections and maintenance of all facilities? Yes No
7. Any aluminum wiring in buildings? Yes* No
 - If yes, has it been repaired? Yes No
 - Provide year it was repaired: _____
8. Is there a schedule for inspections and maintenance of all facilities? Yes No
9. Describe repairs: _____

10. If year built is older than 20 years, provide dates updates were done:
 - Wiring: _____
 - Roofing: _____
 - Plumbing: _____
 - Heating: _____
11. Does the insured have a pet policy in place and no aggressive breeds or exotic animals are allowed on site? Yes No

Child Care Operations

1. Is there a daycare, babysitting or after school program operated on the premises? Yes No
2. Does the insured or independent company operate the daycare? Yes No
3. If independent company, are certificates of insurance requested? Yes No
4. Additional insured status granted to the insured? Yes No

Pools

- | | | |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Are the pools fenced with self-latching gates? <input type="checkbox"/> Yes <input type="checkbox"/> No | Diving boards? <input type="checkbox"/> Yes <input type="checkbox"/> No | Lifeguards? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Depth adequately marked? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are the rules adequately posted? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Controlled hours of operation and use? <input type="checkbox"/> Yes <input type="checkbox"/> No | Pools have anti vortex drains? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Open to tenants and guest only? <input type="checkbox"/> Yes <input type="checkbox"/> No | Beaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Playgrounds/Facilities

- | | |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Racquetball, tennis, basketball, volleyball courts? <input type="checkbox"/> Yes <input type="checkbox"/> No | Boats, docks & slips? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Playground? <input type="checkbox"/> Yes <input type="checkbox"/> No | Sewage Treatment Plant? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Streets or roads? <input type="checkbox"/> Yes* <input type="checkbox"/> No | *How many miles? _____ |
| Jacuzzis, Hot tubs? <input type="checkbox"/> Yes <input type="checkbox"/> No | Saunas & Steam Rooms? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Clubhouse? <input type="checkbox"/> Yes* <input type="checkbox"/> No | *Square ft: _____ |
| Any lakes? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reservoirs? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Recreational activities? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Protection

1. Are there smoke detectors in each unit? Yes* No
 - o If yes, how often checked? _____
2. Type of smoke detector: Battery operated Hard Wired
3. Fire alarms? Yes* No
 - o If yes, are they central station? Yes No
4. Is the building sprinklered? Yes* No
 - o If yes, what percentage? _____
 - o Standpipes? _____
5. Are there fire doors or panic hardware? Yes No

Security

1. Are security guards employed? Yes* No
 - o Are they armed? Yes No
2. Employees of insured or subcontracted out? Yes No
3. If subcontracted out, are certificates of insurance required? Yes No
4. Are subcontractors required to have limits equal to or greater than the insured? Yes No
5. Is the insured granted additional insured status under the subcontractor's policy? Yes No

- 6. Are there deadbolt locks on all entry doors? Yes No
- 7. Are there peepholes on all entry doors? Yes No
- 8. Are keys coded and adequately protected? Yes No
- 9. Has the complex been demastered (NO MASTER KEY SYSTEM)? Yes No
- 10. Exterior lights: building and parking determined to be adequate by police/security firm? Yes No
- 11. Are background checks required on all new tenants? Yes No

Loss History

Have owner, officer or partner filed bankruptcy in the last 5 years? Yes* No

◦ If yes, If yes, please explain:

Within the past 3 yrs, has the applicant had any general liability claims (whether insured or not)? Yes* No

◦ If yes, If yes, please explain:

Within the past 3 yrs, has the applicant had any property claims (whether insured or not)? Yes* No

◦ If yes, If yes, please explain:

Optional Coverages

1. Citizens Policy Surcharge Endorsement? Yes* No

◦ Citizens Premium: _____

2. Sinkhole Coverage? (DIC only) Yes No

3. Citizens All Other Wind (AOW) Deductible Buyback? Yes* No

◦ Deductible Requested: _____

4. Condo Unit Owners Flood Coverage? Yes* No

◦ Flood Elevation: _____ ◦ Flood Zone: _____

(*If available please attach a copy of current Flood Dec Page.)

Fraud Statement

Any person who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim 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 shall also be subject to a civil penalty.

Warranty Statement

I hereby apply for a policy of insurance as set forth in the application and I warrant and certify that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy, which may be issued by the company, will be issued on the basis of and reliance upon my statements in this application.

I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

Signature of Applicant: _____ **Title:** _____ **Date:** _____

I hereby warrant and certify that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____ **Date:** _____

Signature of Producing Agent: _____ **Date:** _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY

FRAUD STATEMENT

NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING:

V032021

Applicable in AZ - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in AR - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in AL, LA, MD, RI and WV - Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA - For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO - 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 DC - WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in ID - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Applicable in FL - 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 of the third degree.

Applicable in IN - Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in KS - 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 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 commits a fraudulent insurance act.

Applicable in KY & NY - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

FRAUD STATEMENT (Continued)**NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING:**

V032021

Applicable in ME - 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.

Applicable in MN - Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NH - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in NJ - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NM - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in OH - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK - WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicable in PA - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

Applicable in VA & TN - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT (All other states) - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confine-confinement in prison.