



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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CONDOMINIUM OR HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

PROPOSED EFFECTIVE DATE:
 From _____ To _____
 12:01 A.M., Standard Time at the mailing address of the Applicant.

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements Deductible	\$	Total
		\$

- A. **Years in business:** _____
- B. **Have all development and/or construction operations been completed?** Yes No
- C. **Number of units** _____ Single family homes _____ Townhomes _____ Condos _____
 Rental Units _____ Commercial Condos _____ Time-Shares _____
- D. **Number of stories** _____ Sprinkled? Yes No Fire resistive? Yes No
- E. **How many swimming pools?** _____ Number of diving boards, pool slides, or diving platforms? _____
 Any diving boards, pools slides, or diving platforms over 10ft. in height? Yes No Are rules posted? Yes No
 Are pools fenced? Yes No Are gates self closing and locking? Yes No Any lifeguards? Yes No

F. **Number of:** Clubhouses _____ Convenience Stores _____ Saunas _____ Spas _____
 Baseball parks _____ Volleyball courts _____ Tennis courts _____
 Basketball courts _____ Racquetball courts _____ Playgrounds _____
 Lakes (no. of acres) _____ Swimming allowed? _____ Ice Skating _____
 Bathing beaches _____ Diving rafts _____ Boat docks _____
 Boat rentals _____ Private airports _____ Shooting ranges _____
 Restaurants/Lounges _____ Dams _____ (If applicable, complete Dam Questionnaire GLH-113)

G. **Any waterworks/sewage treatment/disposal facilities?** Yes No
 Describe in detail: _____

H. **Is the association responsible for maintenance of the roads?** Yes No
 If so, how many miles of road? _____

I. **How many parks?** _____ Describe in detail: _____
 _____ How many trails? _____

J. **Any horse trails or bike trails?** Yes No
 If yes, how many miles of trails? _____ Describe trails in detail: _____

K. **Any stables?** Yes No **Riding arenas?** Yes No
Jumps? Yes No **Saddle animals for hire?** Yes No

L. **Is this a master association which provides group common areas for individual associations?** Yes No

M. **Does association include commercial and/or institutional members?** Yes No

N. **Any security guards on premises?** Yes No
 If yes, how many? _____ Are they armed or unarmed? _____
 Does association directly employ guards? Yes No
 If outside security guard service, are certificates of insurance required? Yes No

O. **Total number of employees:** _____

P. **Does applicant have Workers Compensation coverage in force?** Yes No

Q. **Does applicant lease employees?** Yes No

R. **Any special events?** Yes No

S. **Any sponsored athletic teams?** Yes No
 If yes, please describe: _____

T. **Any other exposures which the association is responsible for?** Yes No

U. Please attach any descriptive or advertising literature.

Previous Insurer: Indicate premium and losses for past three years. Describe all losses.

YEAR	COMPANY	POL.#	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING

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.

NAME AND TITLE _____

APPLICANT'S SIGNATURE _____ Date _____

Name and Phone Number of person to contact for inspection and/or premium audit purposes _____

AGENT NAME _____ AGENT LICENSE NUMBER _____
(Applicable to Florida Agents Only.)

IMPORTANT NOTICE

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

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE
Condominium or Homeowners Association