

CONDOMINIUM SUPPLEMENTAL APPLICATION

Applicant: _____ **Effective Date:** _____

Property Location: _____

Agency contacts: _____ **Phone #:** _____

Property Mgmt Co: _____ **Assn. website:** _____

TOTAL INSURED VALUES: \$ _____

Current Package Premium: \$ _____

Property Premium \$ _____ Wind Premium \$ _____ GL Premium \$ _____

Current Carrier: _____ **Current Agent:** _____

Current Wind deductible: _____

Flood Zone: _____ **Insurance in place?** Yes No

Distance to Ocean: _____

Location Information

Approximate Average Sales Price of a Condo Unit: \$ _____

Total # of Buildings _____ **Total # of Units:** _____

Year Built _____ **% Sprinklered:** _____

Year Roof Renovated _____ **Years of other updates:** _____

Specific Details on Updates (Verified specific improvements may considerably improve quote):

This form Completed by _____ **Date:** _____

PLEASE COMPLETE THE FOLLOWING.

A Statement of Values can not be accepted in place of this section unless it contains ALL information requested below.

Please check this box if a separate and complete SOV is being submitted

Building	Values	Construction Type	# Stories	# Units	Square Feet
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
TOTALS					

	Yes	No	
EIFS construction	<input type="checkbox"/>	<input type="checkbox"/>	If yes, % of exterior that is EIFS _____
Pools	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many _____
Playground	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many _____
Basketball /Racquet/ Tennis Court	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many _____
Golf Club (Racquet/Tennis Club)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, is this covered under a separate master policy? <input type="checkbox"/> Yes No
Gym	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many _____
Clubhouse	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many _____
Rented to others?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, total receipts: \$ _____
Is liquor served?	<input type="checkbox"/>	<input type="checkbox"/>	
Commercial Units	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please list separately? _____
Docks/Slips	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many _____
Other insurance provided?	<input type="checkbox"/>	<input type="checkbox"/>	Carrier _____
Security Guards	<input type="checkbox"/>	<input type="checkbox"/>	If yes, Association employed? <input type="checkbox"/> Yes No
Any Association Employees	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many _____

WIND MODELING INFORMATION

Verification of information source must be provided in order to get credit for upgrades. If backup support data is unavailable, use the "Unknown" box.

Verification Sources for information: (e.g., Property Manager, Contractor, Inspection Survey, Appraisal): _____

Roof Age: 0 to 5 years 6 to 10 years 10 years or more

Roof Geometry:

Unknown Flat Gable, over 30 degrees Gable, under 30 degrees Hip

Roof Covering:

Unknown Metal sheathing Single ply membrane Build-up roof
 Asphalt composite Rated shingle (110 mph) Concrete/clay tiles Wood shingle

Roof Covering Attachment (Anchor):

Unknown No anchorage Toe nailing (wood roof)
 Single Wrap Hurricane Ties Double Wrap Hurricane Ties Structurally Connected
 Clips Metal or bolt anchors

Roof Deck (Sheathing) Attachment:

Unknown Designed for extreme wind loading Not specifically designed for high wind loading

Nail info:

Size of nails unknown 6D nails 8D nails 10D nails or screws
 Nailing schedule unknown high-wind nailing schedule minimum nailing schedule

Cladding:

Unknown Brick veneer Masonry veneer Metal sheathing Wood
 Vinyl Siding or hardboard EIFS (Exterior insulating finishing system)/Stucco

Opening Protection:

Unknown No shutter Class C shutters Class B shutters Class A shutters
 Laminated glass Impact resistant glass

Wind Resistance - Doors:

Unknown Designed for wind pressure and impact resistance Designed for wind pressure only

Basement:

No Basement Basement with flood protection Basement no flood protection

Water Damage Protection:

Procedure in place to keep heat maintained at 45 degrees? (Virginia and north) Yes No
Procedure in place to use burst-proof hoses in units? Yes No

Please describe any other protective measures: _____

Life Safety

Are there multiple means of egress from buildings? Is Yes No
there emergency lighting? Yes No

Electricity:

Fuses Yes No Circuit Breakers Yes No Any Copper Wiring? Yes No

Automobile Exposures:

Does the association own any automobiles? Yes No

- If yes, describe: _____

Do employees use their personal Autos for Association business? Yes No

- If yes, is their limit of liability on their Personal Auto policy \$300,000 or higher? Yes No

Do you obtain certificate of insurance from drivers showing proof of insurance limits? Yes No

Umbrella Information:

Current Carrier: _____ **Limits \$** _____ **Premium \$** _____

LIMIT/S REQUESTED:

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000
 \$5,000,000 \$10,000,000 \$15,000,000 \$25,000,000

Applicant Signature - required upon binding any coverage

I declare that the information submitted herein on pages 1-4 is true to the best of my knowledge, and that no material facts have been suppressed or misstated. I understand that an incorrect or incomplete statement could void my coverage.

Applicant Name: _____ **Title:** _____

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

THE COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE COMPANY.