



# United States Liability Insurance Group

## Community Association Umbrella Product

Addendum to Community Association Product Application (CAP APP (04/04))

### APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

#### General Information

1. Name of Association: \_\_\_\_\_

2. State: \_\_\_\_\_

3. Type of Association: Residential Condominium  Homeowners  Townhouse

4. Total Number of Units: \_\_\_\_\_ Protection Class: \_\_\_\_\_ (valid response 1-10)

5. Do any of the following exposures exist:

- |                                      |                              |                             |  |                              |                             |
|--------------------------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Airport.....                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dams.....                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Animal Stables.....                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Day Care.....                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Armed Security Guard.....            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Golf Course.....                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Beaches-Swimming (Lake/Coastal)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Horse Trail.....                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Boat Rental.....                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ice Skating/Ski Resort Activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bridges.....                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Owned Fire Department.....             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Commercial Operations.....           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vacant Buildings.....                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Country Club on the premises.....    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Water/Sewage Treatment Facility.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. Is there a Swimming Pool?.....  Yes  No \_\_\_\_\_

- |   |                              |                             |                 |
|---|------------------------------|-----------------------------|-----------------|
| a. Lifeguard on duty?.....              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Number of pools |
| b. Fence with a self-locking gate?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                 |
| c. Clear depth markers?.....            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                 |
| d. Visible life safety equipment?.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                 |
| e. A sign posted with rules?.....       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                 |
| f. Diving board over 1 meter?.....      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                 |
| g. Slide?.....                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                 |

7. Is there a Lake?.....  Yes  No

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Is swimming permitted?.....                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are there gasoline or diesel powered boats on the lake?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is there a dam?.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are "No Swimming" signs posted?.....                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

8. Is there a pier?.....  Yes  No

- |  |                               |   |
|--|-------------------------------|---|
| a. Are there commercial operations on the pier?..... | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                                 |
| b. Is there a charge or fee to access the pier?..... | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                                 |
| c. How often is the pier inspected?.....             | _____                         |   |
| d. Condition of the pier.....                        | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair <input type="checkbox"/> Good |
| e. What year was the pier built?.....                | _____                         |   |

9. Are there docks?.....  Yes  No \_\_\_\_\_

- |   |                               |   |                 |
|---|-------------------------------|---|-----------------|
| a. Does the Association or unit owner own/maintain the docks?.....        | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                                 | Number of docks |
| b. Does the Association own any watercraft?.....                          | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                                 |                 |
| c. Is there a marina operation (refueling, service/repair or sales)?..... | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                                 |                 |
| d. Is docking of commercial vessels permitted?.....                       | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                                 |                 |
| e. How often is the dock inspected?.....                                  | _____                         |   |                 |
| f. Condition of the dock.....   | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair <input type="checkbox"/> Good |                 |
| g. What year was the dock built?.....                                     | _____                         |   |                 |

10. Number of Stories: \_\_\_\_\_

11. Is the complex 100% developed/complete?  Yes  No

12. Construction Type:  Frame  Joisted Masonry  Masonry Non-Combustible  Fire Resistive

13. Wire Type:  Copper  Aluminum  Other: \_\_\_\_\_

14. Electrical service:  Circuit Breaker  Fuses  Other: \_\_\_\_\_

15. Sprinkler system:  Full  Partial  None

16. Are there smoke detectors in common areas?  Yes  No

17. Are there hard-wired fire alarms?  Yes  No

18. Does the Association own any vehicles?  Yes  No

If yes, what kind of vehicle?  Private Passenger  Heavy  Livery/Bus  Other: \_\_\_\_\_

19. Has there been an assault on the premises in the last 5 years?  Yes  No

20. Have there been any Liability losses in the last 3 years?  Yes  No

If yes, please provide loss runs.

21. Have there been any liability losses greater than \$25,000?  Yes  No

**Underlying Carrier Information**

Do all of the underlying carriers have at least a B+ A.M. Best Rating?  Yes  No

**Commercial General Liability Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Policy Period:** \_\_\_\_\_

**Limits:**

- Each Occurrence: \$ \_\_\_\_\_
- Personal and Advertising Injury: \$ \_\_\_\_\_
- Products/Completed Operations Aggregate: \$ \_\_\_\_\_
- General Aggregate - Policy: \$ \_\_\_\_\_
- General Aggregate - Per Location: \$ \_\_\_\_\_
- General Aggregate - Per Project: \$ \_\_\_\_\_

**Automobile Liability Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Policy Period:** \_\_\_\_\_

**Limits:**

- Each Accident or Occurrence: \$ \_\_\_\_\_
- Each Person/ Accident/Property Damage: \$ \_\_\_\_\_

**Employers Liability Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Policy Period:** \_\_\_\_\_

**Limits:**

- Each Accident: \$ \_\_\_\_\_
- Each Employee for Disease: \$ \_\_\_\_\_
- Aggregate: \$ \_\_\_\_\_

**New York Only:** Please provide name of retail agent: \_\_\_\_\_

**FRAUD STATEMENT:** 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 MATERIAL FACT 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 VIOLATIONS.

Signature: \_\_\_\_\_

(President, Chairperson or Property Manager)

Title: \_\_\_\_\_

Date: \_\_\_\_\_