

# Burns & Wilcox

## Community Association Product

### APPLICATION

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

Name of Association: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

Total Number of Units: \_\_\_\_\_

#### **PART I: Non-Profit Directors and Officers / Employment Practices Liability**

1. Type of Association (check one):      Condominium      Homeowner      Cooperative      Country Club      Timeshare
2. Date Organized: \_\_\_\_\_
3. Date Final Unit Completed: \_\_\_\_\_
4. Is there builder, developer, or agent representation on the Board? . . . . .  Yes      No
5. Percentage of Units Sold: \_\_\_\_\_
6. Percentage of Units Rented or Leased: \_\_\_\_\_
7. Average Unit Value: \_\_\_\_\_
8. Commercial Occupancy (restaurant, dry cleaner, etc.) . . . . .  Yes      No     If Yes, % \_\_\_\_\_
9. Is complex being constructed on a phase basis? . . . . .  Yes      No     If Yes, what is the total  
number of units and anticipated construction date: \_\_\_\_\_
10. Number of Employees \_\_\_\_\_
11. Does the Organization currently carry General Liability Insurance? . . . . .  Yes      No
12. Current Directors and Officers Liability Insurance:  
Insurer                                      Limit of Liability                                      Premium                                      Deductible                                      Policy Period  
\_\_\_\_\_  
\_\_\_\_\_
13. Current Annual Revenues: \_\_\_\_\_ Current Fund Balance: \_\_\_\_\_
14. Has any Policy for Directors and Officers Liability Insurance ever been cancelled or non-renewed?                                       Yes      No
15. Within the last 5 years, has any claim been made, or is any claim being made, or is any claim now pending against the organization, or any person proposed for Insurance in the capacity of either Director, Officer, Trustee, Employee or Volunteer of the Organization?                                       Yes      No     IF YES, ADVISE ON A SEPARATE SHEET DETAILS OF THE CLAIM(S), INCLUDING DEFENSE COSTS INCURRED, DAMAGES PAID, WHETHER IT WAS COVERED BY DIRECTORS & OFFICERS LIABILITY INSURANCE AND REMEDIAL MEASURES TAKEN TO PREVENT A RECURRENCE OF SUCH CLAIM(S).
16. Is any person proposed for this Insurance aware of any fact, circumstance or situation which may result in a claim against the organization or any of its Directors, Trustees, Officers, Employees, or Volunteers?                                       Yes      No  
If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Complete this Section if Homeowners Association is interested in a Package Quotation.**

#### **PART II: General Liability and Property Package\***

\*Please note Package is not available on Condominium Associations:

1. Do any of the following exposures exist: Airport, Animal Stables, Armed Security Guards, Boat Rentals, Condominiums, Dams, Horse Trails, or Water Sewage Treatment Facilities?                                       Yes      No
2. Do any of the following exposures exist: Beaches, Ice Skating, Commercial Operations, Unarmed Security Guards, Vacant Buildings, or Construction not complete in the Complex?                                       Yes      No     If Yes, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_
3. Is there a swimming pool? . . . . .  Yes      No  
If Yes, does it have a slide or diving board over four feet? . . . . .  Yes      No  
If Yes, does it have a fence with a self-locking gate? . . . . .  Yes      No

4. Additional Exposures:  
For the following section, check all that apply and enter the total exposure.

Description	Total Exposure
<input type="checkbox"/> Clubhouse (per 1,000 sq. ft.)	
<input type="checkbox"/> Sport Court (each)	
<input type="checkbox"/> Bicycle Trails (mile)	
<input type="checkbox"/> Lakes (acre)	
<input type="checkbox"/> Parks (acre)	
<input type="checkbox"/> Playground (each)	
<input type="checkbox"/> Streets/ Roads (mile)	
<input type="checkbox"/> Pools (each)	
<input type="checkbox"/> Docks/ Slips (each)	

- Construction Type (check one):  Frame  Joisted Masonry  All Other
6. Enter Protection Class (valid response 1-10): \_\_\_\_\_
7. Is Association located within 1/2 mile of tidal water?  Yes  No
8. Is Association located in a first tier coastal county (AL, GA, LA, MS, NC, SC or TX)?  Yes  No
9. Enter Building Limit: \_\_\_\_\_
10. Enter Business Personal Property Limit: \_\_\_\_\_
11. Enter Business Income Limit (if applicable): \_\_\_\_\_
12. Have there been any General Liability or Property losses in the last 3 years?  Yes  No IF YES, ADVISE ON A SEPARATE SHEET DETAILS OF THE CLAIM(S), INCLUDING TOTAL DAMAGES PAID AND REMEDIAL MEASURES TAKEN TO PREVENT A RECURRENCE OF SUCH CLAIM(S).

**Complete this Section if the Applicant is interested in an Umbrella Quotation.**  
**PART III: Commercial Umbrella Liability (including excess D&O):**

1. Is there a swimming pool?  Yes  No  
If Yes, does it have a slide or diving board over four feet?  Yes  No  
If Yes, does it have a fence with a self-locking gate?  Yes  No
2. Are there any Owned Vehicles?  Yes  No  
If Yes, specify type (light, medium, heavy) and use (private passenger, bus): \_\_\_\_\_

**Questions #3-7 are for Condominium Associations only.**

3. Enter Protection Class (valid response 1-10): \_\_\_\_\_
4. How many stories is the highest building? \_\_\_\_\_
5. Are there smoke detectors in the common areas?  Yes  No
6. Are there fire alarms?  Yes  No
7. Has there been an assault on the premises in the past 5 years?  Yes  No
8. Have there been any Liability losses in the last three years?  Yes  No  
If Yes, have there been any Liability losses greater than \$25,000?  Yes  No
9. Please enter the underlying policy limits:
- |                              |       |                                |
|------------------------------|-------|--------------------------------|
| Commercial General Liability | _____ | per Occurrence                 |
|                              | _____ | Products/ Completed Operations |
|                              | _____ | Aggregate                      |
| Commercial Auto Liability    | _____ | CSL                            |
| Employers Liability          | _____ | each Accident                  |
|                              | _____ | each Employee for Disease      |
|                              | _____ | Aggregate                      |

**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.

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will be immediately reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statement and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a Policy be issued and it will be attached and become a part of the Policy.

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_