



**CONDOMINIUMS – RESIDENTIAL
(ASSOCIATION RISK ONLY) SUPPLEMENTAL APPLICATION**
(Complete in addition to Acord Application)

APPLICANT INFORMATION:

NAME:	
PROPOSED EFF. DATE: FROM: _____ TO: _____	

PREMISES INFORMATION:

LOC.NO.	BLDG. NO.	STREET, CITY, STATE ZIP CODE	NO. OF UNITS

Is Directors and Officers liability coverage in place? If YES , State Limits: _____	○Yes ○No
What is the percentage of occupancy?	%
What is the percentage owner occupied?	%
Confirm if any of the following wiring exists: <ul style="list-style-type: none"> <input type="checkbox"/> Fuses <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Aluminum* 	Confirm if any of the following circuit breakers are in use: <ul style="list-style-type: none"> <input type="checkbox"/> Challenger <input type="checkbox"/> Federal Pacific Stab-Lok <input type="checkbox"/> GTE Sylvania <input type="checkbox"/> Pushmatic <input type="checkbox"/> Zinsco
*If Aluminum, repaired via: <ul style="list-style-type: none"> <input type="checkbox"/> Copalum <input type="checkbox"/> Alumiconn Connectors 	
Are grills allowed on decks?	○Yes ○No
If YES , what are the stated requirements:	
Is this a handicapped/disabled housing facility?	○Yes ○No
Are more than 30% of units subsidized? (not applicable in NY)	○Yes ○No
Assisted Living or Dedicated Senior Housing?	○Yes ○No
Are more than 30% of units occupied by college students?	○Yes ○No
Are there smoke detectors?	○Yes ○No
<ul style="list-style-type: none"> • Battery 	○Yes ○No
<ul style="list-style-type: none"> ○ If battery, any procedures in place to ensure units are fully operational? 	○Yes ○No
<ul style="list-style-type: none"> • Hardwired 	○Yes ○No
<ul style="list-style-type: none"> • Location of units: <input type="checkbox"/> Individual Units <input type="checkbox"/> Common Areas 	
Is a secondary means of egress provided if over two stories?	○Yes ○No
Are there security guards on the premises?	○Yes ○No
If YES , are the guards armed?	○Yes ○No
Any Assault & Battery incidents in complex during the past five years?	○Yes ○No
Are there procedures in place to ensure adequate snow and ice removal, where applicable?	○Yes ○No ○N/A
Any plans for major renovation of the premise (Cost more than 20% of building value)?	○Yes ○No
If work subbed out, are COI's obtained from all contractors?	○Yes ○No
Is builder or developer a member of Board of Directors for the association?	○Yes ○No
Is there any new development and/or construction operations contemplated or in progress?	○Yes ○No
Is there a Playground on the premises?	○Yes ○No
If YES , describe the type of equipment:	
Is there a Clubhouse on the premises?	○Yes ○No



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Are there any Gyms or Healthcare Facilities, such as a Sauna, Yoga Studio, etc. on the premises?		○Yes ○No
If YES , please provide description:		
Any lake or pond exposure? (Other than decorative)		○Yes ○No
If YES , please describe:		
Any owned docks/piers?		○Yes ○No
If YES , describe length and use of dock:		
Number of boat slips, if applicable		
Any other recreational facilities?		○Yes ○No
If YES , please provide description:		
Does the Association provide day care services?		○Yes ○No
Does the Association run a water purification sewage treatment facility?		○Yes ○No
Are any streets owned and maintained by the Association?		○Yes ○No
Swimming pool on premises:	○Yes ○No	Number of swimming pools?
• Diving Board		○Yes ○No
• Depth Marked		○Yes ○No
• Slide		○Yes ○No
• Non-slip Surfaces		○Yes ○No
• Lifeguards on duty when open		○Yes ○No
• Warning Signs and Rules posted		○Yes ○No
• Pool completely fenced with self-locking gates		○Yes ○No
• Life Safety Ring Buoy		○Yes ○No
• Does the pool comply with the requirements of the Federal Virginia Graeme Baker Pool & Spa Safety Act?		○Yes ○No
Any Whirlpools or Hot Tubs?	○Yes ○No	Number of Whirlpools or Hot Tubs?
If YES , are the following features in place:		
• A Scheduled Maintenance Plan		○Yes ○No
• Equipment Equipped with Temperature Controls		○Yes ○No
• Rules and Instructions Posted		○Yes ○No
• Does equipment meet State Regulation?		○Yes ○No
Remarks:		

STATE FRAUD STATEMENTS

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas: 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 fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: 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



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policyholder or claimants with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: 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.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana: 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 fines and confinement in prison.

Maine: 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 denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

New Hampshire: 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.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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.

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.

Ohio: Any person who, with the 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.

Oklahoma: 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.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: 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.

Rhode Island: 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 fines and confinement in prison.

Tennessee: 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.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: 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.

Washington: 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.

West Virginia: 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 fines and confinement in prison.



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The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____

Title: _____

Agency: _____

Producer Code: _____

Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**