

HOMEOWNERS, TOWNHOMES & CONDOMINIUM SUPPLEMENTAL APPLICATION  
(To be submitted with ACORD Applications)

**Applicant Information**

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Type of Association:    ☐ Townhouse Association    ☐ Homeowners Association    ☐ Condominium Association  
                                 ☐ Commercial Association    ☐ Other (describe): \_\_\_\_\_

**General Information**

**Management:**

1. Please indicate who manages the property:

☐ Self-managed    ☐ On-site property management firm    ☐ Off-site property management firm

☐ Developer    ☐ Other: \_\_\_\_\_

2. Does the Applicant contract with an independent professional management? ☐ Yes    ☐ No

If YES, does the independent professional management name applicant as additional insured? ☐ Yes    ☐ No

If YES, please provide the following information:

Name of Management Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

3. If off-site management, indicate frequency of site visits:

☐ At least weekly    ☐ Monthly    ☐ Other: \_\_\_\_\_

**Occupancy:**

1. Please provide the following information:

Total number of units: \_\_\_\_\_

Single-family homes: \_\_\_\_\_ Townhomes: \_\_\_\_\_ Condos: \_\_\_\_\_

Rental units: \_\_\_\_\_ Commercial condos: \_\_\_\_\_ Time-shares \_\_\_\_\_

Any vacant/unsold units? # \_\_\_\_\_ Details: \_\_\_\_\_

Any bank-owned units? # \_\_\_\_\_ Details: \_\_\_\_\_

Any developer-owned units? # \_\_\_\_\_ Details: \_\_\_\_\_

Any student-occupied units? # \_\_\_\_\_ Details: \_\_\_\_\_

2. Are Tenants provided with written statement of community policies and rules? ☐ Yes ☐ No

3. Are unit owners required to maintain individual liability insurance (HO6)? ☐ Yes ☐ No

If YES, what is the minimum limit of liability required:

☐ \$300,000 ☐ \$500,000 ☐ \$1,000,000 ☐ Other: \_\_\_\_\_

4. Does the Applicant have any rental units? ☐ Yes ☐ No

If YES, who handles the rentals?

☐ The Association ☐ Unit Owner ☐ Other: \_\_\_\_\_

5. Does the Association receive any revenue from the rentals? ☐ Yes ☐ No

If YES, list annual revenue: \$ \_\_\_\_\_

If YES, does the Association provide maintenance to rental units? ☐ Yes ☐ No

6. Is there any commercial/retail space? ☐ Yes ☐ No

If YES, complete the information below:

Total area of commercial/retail space: \_\_\_\_\_ sq. ft. # of commercial units: \_\_\_\_\_ # of rental units: \_\_\_\_\_

### Building Information:

1. Please provide the following information:

# of buildings \_\_\_\_\_ # of stories \_\_\_\_\_ Average unit value: \$ \_\_\_\_\_

2. Please indicate construction type:

☐ Frame ☐ Joisted Masonry ☐ Non-combustible ☐ Fire Resistive

3. When were the buildings constructed? \_\_\_\_\_

If over 25 years old, what was the date of last update?:

Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating/AC: \_\_\_\_\_ Roof: \_\_\_\_\_

Wiring type: ☐ Copper Age: \_\_\_\_\_ ☐ Aluminum Age: \_\_\_\_\_ ☐ Other: \_\_\_\_\_ Age: \_\_\_\_\_

If Aluminum, are all receptacles and switches fixed using the CopAlum crimp method? ☐ Yes ☐ No

## Fire Safety

1. Is emergency lighting installed in all stairwells? ☐ Yes ☐ No
2. Is the building sprinklered? ☐ Yes ☐ No  
What percentage of the building's area is sprinklered: \_\_\_\_\_ %
3. If over three (3) stories, are interior stairways enclosed and equipped with self-closing fire doors on each floor? ☐ Yes ☐ No
4. If over three stories, are there fire doors with panic hardware? ☐ Yes ☐ No
5. Are there at least two means of egress from the building(s)? ☐ Yes ☐ No
6. Is any balcony cooking permitted? ☐ Yes ☐ No
7. Are smoke/heat detectors installed in all apartments? ☐ Yes ☐ No  
In common areas? ☐ Yes ☐ No  
In stairwells? ☐ Yes ☐ No  
In hallways leading to bedroom? ☐ Yes ☐ No  
In kitchen areas? ☐ Yes ☐ No
8. Type of detectors install: ☐ Hardwired ☐ Battery
9. Are detectors equipped for:  
Smoke: ☐ Yes ☐ No  
Fire: ☐ Yes ☐ No  
Carbon Monoxide: ☐ Yes ☐ No  
Type of alarm: ☐ Central Station ☐ Local

## Security

1. If the building was built prior to 1978, are window guards in place above the third floor? ☐ Yes ☐ No
2. Are tenants screened prior to leasing? ☐ Yes ☐ No  
If YES, what checks are performed:  
☐ Credit Check ☐ Criminal Checks ☐ References
3. Are employees screened? ☐ Yes ☐ No  
If YES, what checks are performed:  
☐ Credit Check ☐ References: ☐ Prior Jobs  
☐ Credit Checks ☐ Criminal Checks
4. Are unit entry doors equipped with deadbolts? ☐ Yes ☐ No
5. Does the lease/rental agreement make any warranties with regard to security? ☐ Yes ☐ No
6. Are there any regular news bulletins distributed by the applicant to tenants? ☐ Yes ☐ No
7. Are tenants informed of crime and vandalism activity? ☐ Yes ☐ No

8. Crime and vandalism in neighborhood: ☐ High ☐ Medium ☐ Low  
 Bestplaces Crime Score: \_\_\_\_\_ <https://www.bestplaces.net/>
9. Are security services used? ☐ Yes ☐ No
10. Are security services armed? ☐ Yes ☐ No  
 If yes, are they: ☐ Employees ☐ Subcontracted
11. If contracted, are certificates of insurance maintained? ☐ Yes ☐ No
12. Are certificates of insurance maintained showing contractor has limits equal to or greater than the Named Insured? ☐ Yes ☐ No
13. If contracted, is the Named Insured an additional insured on the contractor's primary liability policy? ☐ Yes ☐ No
14. Is this a controlled access property (with gates, guardhouse, etc.): ☐ Yes ☐ No
15. Is the facility fenced: ☐ Yes ☐ No

### Amenities and Recreational Activities

1. Please check all exposures and provide the number:
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Baseball field(s) _____       | <input type="checkbox"/> Basketball courts(s) _____ | <input type="checkbox"/> Bathing Beaches _____     |
| <input type="checkbox"/> Bike Trails (miles) _____     | <input type="checkbox"/> Boat Slips(s) _____        | <input type="checkbox"/> Clubhouse (sq. ft.) _____ |
| <input type="checkbox"/> Health / Fitness Center _____ | <input type="checkbox"/> Lake / Ponds (acres) _____ | <input type="checkbox"/> Playground(s) _____       |
| <input type="checkbox"/> Private Airports _____        | <input type="checkbox"/> Racquetball court(s) _____ | <input type="checkbox"/> Restaurants _____         |
| <input type="checkbox"/> Sauna(s) _____                | <input type="checkbox"/> Spa / Hot tub(s) _____     | <input type="checkbox"/> Tanning Beds _____        |
| <input type="checkbox"/> Tennis court(s) _____         | <input type="checkbox"/> Volleyball court(s) _____  |  |
| <input type="checkbox"/> Other (describe): _____       |   |  |
2. Number of pools: In ground: \_\_\_\_\_ Above ground: \_\_\_\_\_
- Depth clearly marked? ☐ Yes ☐ No Slide(s)? ☐ Yes ☐ No
- Rules posted? ☐ Yes ☐ No Underwater lighting? ☐ Yes ☐ No
- Diving boards? ☐ Yes ☐ No Life Guards? ☐ Yes ☐ No
- Diving platforms? ☐ Yes ☐ No
- Are pools surrounded by at least 4' fence with self-locking gate? ☐ Yes ☐ No
- Lifesaving Equipment ( I.E. Life Ring, Shepherds Hook) In Pool Area? ☐ Yes ☐ No
- Are any overhangs or buildings less than 10 feet from the pool edge? ☐ Yes ☐ No

### Other Exposures

1. Any medical services provided or assisted living facilities? ☐ Yes ☐ No
- If YES, please provide details: \_\_\_\_\_
- \_\_\_\_\_

2. Is there a club house, meeting hall or similar facility? ☐ Yes ☐ No  
 If YES, is it available for rental by association members? ☐ Yes ☐ No
3. Does the rental agreement include hold harmless wording in favor of the association? ☐ Yes ☐ No
4. Does the association hold any special events of any kind? ☐ Yes ☐ No  
 If YES, please provide details: \_\_\_\_\_  
 \_\_\_\_\_
5. Is there a restaurant or bar on the premises? ☐ Yes ☐ No  
 Are restaurants/clubs operated by: ☐ Association ☐ Lessee  
 If operated by association, indicate receipts from: Food: \$ \_\_\_\_\_ Liquor: \$ \_\_\_\_\_
6. Is association a part of a Marina or does it have docks / slips or piers? ☐ Yes ☐ No  
 If YES, please forward application to our Marine Department [marinesubmissions@atlanticcasualty.net](mailto:marinesubmissions@atlanticcasualty.net)
7. Is there a lake or bodies of water on the premises? ☐ Yes ☐ No  
 If YES, is swimming allowed? ☐ Yes ☐ No  
 If YES, are there rules posted concerning use at your own risk? ☐ Yes ☐ No
8. Is there any playground equipment on the premises? ☐ Yes ☐ No  
 If YES, please describe equipment: \_\_\_\_\_  
 How often is it checked for maintenance needs? \_\_\_\_\_
9. Is grilling on balconies permitted? ☐ Yes ☐ No  
☐ Charcoal ☐ Propane ☐ Other: \_\_\_\_\_
10. Any vacant land owned by the association? ☐ Yes ☐ No  
 If YES, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

### Management / Maintenance

1. Do you have written procedures for inspecting and maintaining your premises? ☐ Yes ☐ No
2. Who performs building and/or site maintenance, service, and repair?
- |   |                                   |   |                             |
|---|-----------------------------------|---|-----------------------------|
| <input type="checkbox"/> Janitorial operations:             | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> NA |
| <input type="checkbox"/> Landscaping / lawncare operations: | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> NA |
| <input type="checkbox"/> Snow & ice removal:                | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> NA |
| <input type="checkbox"/> General maintenance & repairs:     | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> NA |
| <input type="checkbox"/> Elevator service & repairs:        | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> NA |

3. If building and/or site maintenance, service and repair is by an independent contractor:

Does independent contractor name the Applicant as an additional insured with a hold-harmless agreement on their insurance policy?

☐ Yes ☐ No

Are certificates of insurance obtained and maintained on file?

☐ Yes ☐ No

Are subcontractors required to carry general liability limits greater than or equal to the applicant?

☐ Yes ☐ No

4. Is the Association responsible for the roads?

☐ Yes ☐ No

If YES, how many miles of roads? \_\_\_\_\_

5. Does Applicant have Workers' Compensation coverage in force?

☐ Yes ☐ No

6. Does the Applicant lease any employees?

☐ Yes ☐ No

\_\_\_\_\_  
PRODUCER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE