

United States Liability Insurance Group

Community Association Package Product

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

APPLICATION

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

1. Name of Association: _____ Total Number of Units _____
2. Location address (required): _____ Zip Code: _____
3. Type of Association: Homeowners Other _____
4. Enter Protection Class: (valid response 1-10) _____ (PC 9 and 10 prohibited if property coverage is requested)

5. Exposures

For the following section, check all that apply. If Property coverage is desired, provide limits.

Description	Total Exposure (Qty)	Property Limit
<input type="checkbox"/> Clubhouse/Cabana (per 1000 sq. ft.) _____ Frame _____ Joisted Masonry _____ Other: _____		
<input type="checkbox"/> Bicycle Trails (miles)		
<input type="checkbox"/> Docks/Slips (each)		
<input type="checkbox"/> Fitness Center (Property limit applies if separate from clubhouse) (each)		
<input type="checkbox"/> Lakes (acres)		
<input type="checkbox"/> Parks/Greenbelt/Open Space (acres)		
<input type="checkbox"/> Playground (each)		
<input type="checkbox"/> Pools/Spa/Jacuzzi (each)		
<input type="checkbox"/> Roadways (miles) (Question 6 must be answered)		
<input type="checkbox"/> Sport Court (each)		
<input type="checkbox"/> Business Personal Property (Max limit \$100,000)		
<input type="checkbox"/> Equipment - Describe: _____		
<input type="checkbox"/> Fences/Walls		
<input type="checkbox"/> Gates (gated communities)		
<input type="checkbox"/> Guardhouse		
<input type="checkbox"/> Irrigation System (underground sprinkler systems)		
<input type="checkbox"/> Trees/Shrubs		
<input type="checkbox"/> Lights/Poles		
<input type="checkbox"/> Mail Kiosk		
<input type="checkbox"/> Signs		
<input type="checkbox"/> Patios		
<input type="checkbox"/> Walkways		
<input type="checkbox"/> Other paved surfaces – Describe: _____		
Total Property Limits		

6. Is it the financial responsibility of the Association to maintain the roads?..... Yes No
7. Is this a retirement community?..... Yes No
8. Is there a fitness center?..... Yes No
 - a. If yes, are signed Release or Waiver of Liability forms required?..... Yes No
 - b. If yes, are medical or clinical services provided? Yes No
(Ex. Exercise Services, Acupuncture, Electrolysis, Hair Removal, Body Wrapping, Stress Test, Weight Loss Prog.)
9. Is there a swimming pool? Yes No
 - a. Lifeguard on duty?..... Yes No
 - b. Fence with a self-locking gate? Yes No
 - c. Clear depth markers? Yes No
 - d. Visible life safety equipment?..... Yes No
 - e. A sign posted with rules? Yes No
 - f. Diving board over 1 meter?..... Yes No
 - g. Slide?..... Yes No
 - h. Does the Association sponsor a swim team? Yes No
 - i. Are sporting competitions or meets held on the premises?..... Yes No

_____ number of pools

10. Is there a lake? Yes No
- a. Is swimming permitted?..... Yes No
- b. Are there gasoline or diesel powered boats on the lake? Yes No
- c. Is there a dam? Yes No
- d. Are "No Swimming" signs posted?..... Yes No
11. Is there a pier?..... Yes No
- a. Are there commercial operations on the pier? Yes No
- b. Is there a charge or fee to access the pier?..... Yes No
- c. How often is the pier inspected?..... _____
- d. Condition of the pier Poor Fair Good
- e. What year was the pier built? _____
12. Are there docks? Yes No _____
number of docks
- a. Does the Association or unit owner own/maintain the docks?..... Yes No
- b. Does the Association own any watercraft?..... Yes No
- c. Is there a marina operation (refueling, service/repair or sales)? Yes No
- d. Is docking of commercial vessels permitted?..... Yes No
- e. How often is the dock inspected? _____
- f. Condition of the dock..... Poor Fair Good
- g. What year was the dock built?..... _____
13. Do any of the following exposures exist:
- | | | |
|---|--|--|
| <input type="checkbox"/> Airport | <input type="checkbox"/> Bridges | <input type="checkbox"/> Golf Courses |
| <input type="checkbox"/> Animal Stables | <input type="checkbox"/> Commercial Operations | <input type="checkbox"/> Ice Skating |
| <input type="checkbox"/> Armed Security Guards | <input type="checkbox"/> Condominiums | <input type="checkbox"/> Ski Resort Activities |
| <input type="checkbox"/> Beaches-Swimming (Coastal) | <input type="checkbox"/> Construction Activity | <input type="checkbox"/> Vacant Buildings |
| <input type="checkbox"/> Beaches-Swimming (Lakes) | <input type="checkbox"/> Dams | <input type="checkbox"/> Water Treatment Facility |
| <input type="checkbox"/> Boat Rental | <input type="checkbox"/> Day Care | <input type="checkbox"/> Sewage Treatment Facility |
14. Have there been any General Liability or Property losses in the last 3 years?..... Yes No
If yes, please provide loss runs.
15. If the building has a flat roof, has it been recoated with the past 10 years? Yes No
16. If the building has a pitched shingle roof, has it been replaced or resingled within the
last 25 years?..... Yes No
Age of the roof? _____
17. Does the building have a fully operational burglar alarm system?..... Yes No
18. Are there smoke detectors in common areas of the building? Yes No
19. Wiring Type: ___ Copper ___ Aluminum ___ Other: _____
20. Electrical Service: ___ Circuit Breaker ___ Fuses ___ Other: _____

Mortgagee: _____

Additional Insureds (Name, Address and Interest) _____

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: _____