

## HOMEOWNERS ASSOCIATION SUPPLEMENTAL APPLICATION

Na	med Insured									
Inc	licate exposures:									
	Swimming Pool				□ Baseball Diamonds □ Stre			ets & Roads		
	Club House	Club House				Whirlpool	(whe	(where you are responsibl		
	Playground		Sauna	Sauna			for m	naintenanc	aintenance)	
	Park		Tennis & Basketb	all C	courts	Boat Docks & SI	ips 🖵 Dam	S		
	Parking Garage		Exercise/Fitness I	Roor	m					
			UN	DER	WRITING I	NFORMATION				
Ge	eneral Questions							Yes	No	
1.	Does the business	have	a website?							
	If yes, provide l	JRL:						_		
2.	Building is occupied	d by:								
	Owner		%		Vacant or	sold but not occupied	%			
	Tenants		%		Units not	sold	%			
	Seasonal T	enan	nts%		Unknown		%			
	Vacationers	S	%							
3.	Does a developer h	ave a	an interest in the as	soc	iation or pro	perty?				
4.										
5.	Check all the follow	ing th	nat apply:							
	Full time res	sider	nt manager							
	Owner who	resid	des on the premise	S						
	Full time pre	opert	ty management cor	npar	ny with 3 ye	ars or more of experie	ence			
6. Does the building have two means of egress?										
7.										
	Sprinkler		Smoke Detectors		Watchmar	n 🛘 Ansul 🖵 Otl	ner			
			COMPLETE	ON	ILY THE SE	ECTIONS THAT APPL	-Y			
	thing Beaches							Yes	No	
	Are lifeguards prese									
	Is swimming area m									
3.	Are rules posted in	swim	nming area?							
Во	at Docks & Slips									
1.	Are docks inspected	d anr	nually?							
2.	Are docks coated w	ith a	nonslip surface?							
3.	Are rules posted?									

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Clubhouse							
1.	1. Does the business rent the clubhouse to others?						
	If yes, are renters required to carry general liability coverage?						
	Limits required:	_					
2.	Is there a standard written contract between the business and the renter?						
3.	Does the contract require the renter to name the business as an additional insured?						
4.	Does the contract require the renter to indemnify and hold harmless the business?						
5.	Are certificates of insurance updated on an annual basis?						
La	kes, Ponds, Rivers						
Are	e there any recreational facilities provided?						
	If yes, describe.						
Pla	aygrounds	_					
	Indicate the type of surface below playground equipment:						
	□ Sand Pit □ Wood Chips □ Other (describe)						
2.	Age of equipment						
	Are regular inspections made on the equipment? ☐ Yes ☐ No						
Se	curity Guards	Yes	No				
	Are security guards armed?						
	Are security guards independent contractors?						
	If yes, do you require them to have general liability coverage?						
	Limits required:						
3.	Is there a standard written contract between the business and the contractor?	_ 🗖					
4.	Does the contract require the contractor to name the business as an additional insured?						
5.	Does the contract require the contractor to indemnify and hold harmless the business?						
6.							
Inc	lependent Contractors						
1.	Do you hire independent contractors to perform maintenance, repair or other?						
If yes, are independent contractors required to carry general liability coverage?  Limits required:							
2.	Is there a standard written contract between the business and the contractor?	_ 🗖					
3.	Does the contract require the contractor to name the business as an additional insured?						
4.	Does the contract require the contractor to indemnify and hold harmless the business?						
5.							
Str	reets & Roads						
1. Are you responsible for the maintenance and upkeep of the roads?							
2.	2. If independent contractors are used for the maintenance, do you require certificates of insurance?   Limits required:						
Sw	rimming Pools						
1.							
2.	. Is the pool equipped with any of the following: ☐ Diving Boards ☐ Water Slides  Other recreational equipment (describe)						
3.	If the pool has a diving board, indicate the height above the water						

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5.	. Is there a fence completely surrounding the pool at least 4 feet high?								
	ercise/Fitness Room licate types of equipment:     Free Weights     Weight Machine(s)     Treadmill(s)     Stationary Bike(s)     Elliptical Trainer(s)	_ 	Stair Climber(s) Unknown Other (describe):						
	rking Garage Is there a parking garage: ☐ Above Ground ☐ Below Ground		Unknown						
2.	Indicate type of security measures in place:  Closed Circuit TV Security Patrols Guard Unknown		Alarms Police Patrols Cardkey None						
	IMPORTANT NOTICE								
	CLARATION								
			HIS APPLICATION ARE COMPLETE AND TRUE.						
app			ng that he or she is facilitating a fraud against an insu eptive statement may be guilty of insurance fraud and						
cha		. Up	quiry may be made to obtain applicable information co oon your written request, additional information as to t						
 Sigi	nature of Applicant		Title	Date					
Sigi	nature of Producing Agent			Date					
 Age	ent Name and Address								

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## IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Northfield compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer\_Compensation\_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northfield Insurance Company, c/ o Law Department, 385 Washington St., St. Paul, MN 55102.

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