



# United States Liability Insurance Group

## Community Association Umbrella Product

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

### APPLICATION

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

#### General Information

1. Name of Association: \_\_\_\_\_
2. State: \_\_\_\_\_
3. Type of Association:      Residential Condominium       Homeowners       Townhouse
4. Total Number of Units: \_\_\_\_\_      Protection Class: \_\_\_\_\_      (valid response 1-10)
5. Do any of the following exposures exist:
 

Airport..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Dams..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Animal Stables..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Day Care..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Armed Security Guard..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Golf Course..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Beaches-Swimming (Lake/Coastal).. <input type="checkbox"/> Yes <input type="checkbox"/> No	Horse Trail..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Boat Rental..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Ice Skating/Ski Resort Activities... <input type="checkbox"/> Yes <input type="checkbox"/> No
Bridges..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Owned Fire Department..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Operations..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Vacant Buildings..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Country Club on the premises..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Water/Sewage Treatment Facility... <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there a Swimming Pool?..... Yes     No      \_\_\_\_\_  
 a. Lifeguard on duty?..... Yes     No      Number of pools  
 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
7. 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
8. 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?.....
9. Are there docks?..... Yes     No      \_\_\_\_\_  
 a. Does the Association or unit owner own/maintain the docks?..... Yes     No      Number of docks  
 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?.....
10. Number of Stories: \_\_\_\_\_
11. Is the complex 100% developed/complete?     Yes     No
12. Construction Type:     Frame                       Joisted Masonry               Masonry Non-Combustible     Fire Resistive
13. Wire Type:               Copper                       Aluminum                       Other: \_\_\_\_\_

14. Electrical service:  Circuit Breaker     Fuses     Other: \_\_\_\_\_
15. Sprinkler system:  Full     Partial     None
16. Are there smoke detectors in common areas?     Yes     No
17. Are there hard-wired fire alarms?     Yes     No
18. Does the Association own any vehicles?     Yes     No
- If yes, what kind of vehicle?     Private Passenger     Heavy     Livery/Bus     Other: \_\_\_\_\_
19. Has there been an assault on the premises in the last 5 years?     Yes     No
20. Have there been any Liability losses in the last 3 years?     Yes     No
- If yes, please provide loss runs.
21. Have there been any liability losses greater than \$25,000?     Yes     No

**Underlying Carrier Information**

Do all of the underlying carriers have at least a B+ A.M. Best Rating?     Yes     No

**Commercial General Liability Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_    **Policy Period:** \_\_\_\_\_

**Limits:**

- Each Occurrence:    \$ \_\_\_\_\_
- Personal and Advertising Injury:    \$ \_\_\_\_\_
- Products/Completed Operations Aggregate:    \$ \_\_\_\_\_
- General Aggregate - Policy:    \$ \_\_\_\_\_
- General Aggregate - Per Location:    \$ \_\_\_\_\_
- General Aggregate - Per Project:    \$ \_\_\_\_\_

**Automobile Liability Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_    **Policy Period:** \_\_\_\_\_

**Limits:**

- Each Accident or Occurrence:    \$ \_\_\_\_\_
- Each Person/ Accident/Property Damage:    \$ \_\_\_\_\_

**Employers Liability Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_    **Policy Period:** \_\_\_\_\_

**Limits:**

- Each Accident:    \$ \_\_\_\_\_
- Each Employee for Disease:    \$ \_\_\_\_\_
- Aggregate:    \$ \_\_\_\_\_

**New York Only:** Please provide name of retail agent: \_\_\_\_\_

**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: \_\_\_\_\_