

**COMMERCIAL PACKAGE – SUPPLEMENTAL APPLICATION**  
**Condominiums / Apartments**

Applicant: \_\_\_\_\_

**QUOTE REQUIREMENTS**

In addition to fully completed Acord Application and Supplemental Application, the following information needs to be provided for account consideration:

- Plot Plan
- Current Valued Hard Copy Loss Runs for past three years
- Most Recent Property Appraisal
- Photos
- *Condominium only* - Current Budget
- *Condominium only* - Doc's

Note: If property is over 20 years old, please include information regarding any upgrades.

**PROPERTY UNDERWRITING QUESTIONS**

**I. RESIDENTIAL OCCUPANCY**

- Is the property considered a timeshare?  Yes  No
- Is the property seasonal occupied?  Yes  No  
 If yes, is water to the unit shut off while unoccupied?  Yes  No
- Are locks changed between occupants?  Yes  No
- Are short term rentals allowed?  Yes  No  
 If yes, please note daily, weekly, monthly, or other: \_\_\_\_\_
- Does any building contain mercantile or office occupancies?  
 (other than offices used for rental & building management purposes)  Yes  No  
 If yes, please describe: \_\_\_\_\_
- Is any building or property for sale?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- Condominium only* - Are rentals allowed?  Yes  No  
 If yes, please note percentage of rentals: \_\_\_\_\_
- Apartment only* - Does the insured maintain a formal lease or rental agreement signed by each tenant with a minimum of 7 months?  Yes  No
- Apartment only* - Are furnished units available?  Yes  No

**II. MANAGEMENT / OPERATIONS**

- Is the named insured a developer or property manager?  Yes  No
- Is there any existing, pending, or planned litigation against the developers?  Yes  No
- Condominium only* - Is condominium created pursuant to Florida Statutes – Chapter 718?  Yes  No
- Apartment only* - Is apartment managed by a resident property manager, owner residing in the complex or property management company with a minimum of three years experience?  Yes  No

**III. SAFETY/SECURITY**

- Are there any current or recent cited violations of fire or life safety codes?  Yes  No
- Are all units equipped with hard wired or battery type smoke detectors with procedure for maintaining in working order?  Yes  No
- Are all buildings equipped with current tagged fire extinguishers which are properly mounted?  Yes  No

**COMMERCIAL PACKAGE – SUPPLEMENTAL APPLICATION**  
**Condominiums / Apartments**

Applicant: \_\_\_\_\_

**IV. CONSTRUCTION**

- Is there any aluminum wiring in the buildings?  Yes  No
- Is any building under construction, renovation or conversion?  Yes  No
- Does any building contain lead paint in interior or exterior areas?  Yes  No
- Does any building, exterior component, fixture or feature include exterior insulation and finish system (EIFS) or drivet construction?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- Do any buildings have wood or cedar shake roof/shingles?  Yes  No
- Do any buildings have wallboard imported or suspected of being imported from China? (this includes drywall and plasterboard and is commonly referred to as "Chinese drywall")  Yes  No
- Are there any known construction defects to the property?  Yes  No

**V. BUILDING**

- Do any buildings have any existing damage?  Yes  No
- Has applicant(s) ever reported any potential sinkhole, settlement, or cracking damage or loss to any building or other property or have any knowledge that any prior owner of any building reported any such damage or loss?  Yes  No
- Does any building have cracking?  Yes  No
- Have there been any updates to the building(s)  Yes  No  
 If yes, please describe: \_\_\_\_\_

**VI. LOCATION**

- Is the property located in Flood zones A or V?  Yes  No  
 If yes, please provide effective date: \_\_\_\_\_
- Is the property located within 2 miles of brackish water?  Yes  No

**COMMERCIAL PACKAGE – SUPPLEMENTAL APPLICATION  
Condominiums**

Applicant: \_\_\_\_\_

*(Complete this section when Liability coverage is requested)*

**LIABILITY UNDERWRITING QUESTIONS**

**I. RESIDENTIAL OCCUPANCY**

# of Owner occupied units: \_\_\_\_\_ # Vacant units? \_\_\_\_\_ # Student units \_\_\_\_\_  
 # of Rented units: \_\_\_\_\_ # Bank owned units \_\_\_\_\_ # Subsidized units \_\_\_\_\_  
 # of Seasonal owner units: \_\_\_\_\_ # Developer owned units \_\_\_\_\_ # Floors (>10 ineligible) \_\_\_\_\_

Are unit owners required to obtain Individual Liability Insurance? (HO6 - If yes, min limits \_\_\_\_\_)  Yes  No  
 Are there an adequate number or exits?  Yes  No  
     Are they clearly marked with illuminated EXIT signs?  Yes  No  
     Is there emergency lighting in halls and stairwells?  Yes  No  
 Are streets/roads the responsibility of the association?  Yes  No  
 Are dogs allowed?  Yes  No  
     If yes, note breed restrictions \_\_\_\_\_

**II. UNDERWRITING QUESTIONS – SECURITY**

Are sliding doors equipped with additional locks?  Yes  No  
 Do entry doors have peepholes and keyless deadbolts?  Yes  No  
 Are there fences surrounding the property?  Yes  No  
     Is it a Gated community?  Yes  No  
 Does the complex directly employ security guards?  Yes  No  
     If yes, are security guards armed?  Yes  No  
 If outside security guard service, are certificates of insurance required?  Yes  No  
 Does the association make any warranties with regard to security?  Yes  No  
     If yes, explain \_\_\_\_\_

**III. ADDITIONAL EXPOSURES – please note the number of:**

Volleyball Courts \_\_\_\_\_ Tennis Courts \_\_\_\_\_ Basketball Courts \_\_\_\_\_ Baseball Fields \_\_\_\_\_  
 Parks (acres) \_\_\_\_\_ Biking Trails (miles) \_\_\_\_\_ Jogging Trails (miles) \_\_\_\_\_ Streets/Roads (miles) \_\_\_\_\_

**IV. UNDERWRITING QUESTIONS – SWIMMING POOLS or LAKES**

Number of pools: \_\_\_\_\_ Pool hours: \_\_\_\_\_ **POOLS ONLY**  
 Self-locking gates meeting required statues?<sup>1</sup>  Yes  No Is the pool area fenced from all units?  Yes  No  
 Are rules posted and clearly visible?  Yes  No Is there a life guard?  Yes  No  
 Depth markers clearly visible (deck and side)?  Yes  No Is there a diving board(s)?  Yes  No  
 Is there lifesaving equipment in place?  Yes  No Is there a slide(s)?  Yes  No  
 Note <sup>1</sup>: Is a written maintenance schedule check done on all life safety features daily insuring that the self-locking gates are functioning properly?

Number of lakes/ponds: \_\_\_\_\_ **LAKES ONLY**  
 Are rules posted to use at your own risk?  Yes  No Are there any docks or piers?  Yes  No  
 Is there watercraft rental?  Yes  No

**COMMERCIAL PACKAGE – SUPPLEMENTAL APPLICATION**  
**Condominiums**

Applicant: \_\_\_\_\_

*(Liability Section continued)*

**V. CLUBHOUSE EXPOSURE**

**CLUB ONLY**

Number of clubhouses: \_\_\_\_\_

Square feet of clubhouses: \_\_\_\_\_

Are there cooking facilities?  Yes  No    Is there food service?  Yes  No    Is there liquor service?  Yes  No

Is there a retail store?  Yes  No    A convenience store?  Yes  No    Is there a pro shop?  Yes  No

Is the clubhouse rented out?  Yes  No

If yes, please indicate to whom and agreement in place (residents, public, formal signed rental agreement) \_\_\_\_\_

**VI. UNDERWRITING QUESTIONS – AMENITIES**

Description of Playground Equipment (i.e. fenced, playground surface, installed per specs, condition, etc.): \_\_\_\_\_

Description of Exercise Facilities (i.e. types of equipment and safety requirements): \_\_\_\_\_

Does association rent or loan equipment to members? If yes, describe types. \_\_\_\_\_

**VII. AUTOMOBILE LIABILITY**

**AUTO ONLY**

Does the association have any hired or non-owned auto exposure? <sup>2</sup>

Yes  No

Does the association have any owned auto exposure?

Yes  No

Note <sup>2</sup>: If yes, the auto portion of the Acord application must be completed.

COMMERCIAL PACKAGE – SUPPLEMENTAL APPLICATION  
Condominiums / Apartments

Applicant: \_\_\_\_\_

**APPLICANT'S SIGNATURE**

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I hereby represent that I have read and answered all questions on the application and that all information is accurate and complete. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines. Further, I understand the company routinely requests credit reports on applicants.

\_\_\_\_\_  
Agreed Signature of Applicant

\_\_\_\_\_  
Date

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**AGENT SIGNATURE**

The undersigned hereby declares that to the best of my knowledge, all information contained herein is correct; that this form was completed with the applicant and signed by the applicant. I also certify that all questions on the application have been asked to and answered by the application. No coverage was bound by me until all questions were answered by the application and the application was signed by the applicant.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is already included in your current policy. You should know that under your existing coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States Department of Treasury pays 85% of covered terrorism losses exceeding the deductible established by the Treasury paid by the insurance company providing the coverage. You may elect to have terrorism coverage added to your policy.

I acknowledge that I have been notified that under the Terrorism Risk Insurance Act, as amended, any losses caused by certified acts of terrorism under my policy coverage will be partially reimbursed by the United States Department of Treasury and I have been notified of the amount of my premium attributable to such coverage.

I hereby elect to have the exclusion for terrorism coverage added to my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
Agreed Signature of Applicant

\_\_\_\_\_  
Date