

## Community Association Package Product Application

Coverage(s) Desired:    ☐ Property        ☐ General liability        ☐ Directors and officers

### GENERAL INFORMATION

Association name: \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property manager contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address for property manager: \_\_\_\_\_ ☐ Same as mailing

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Web address: \_\_\_\_\_

### General Liability Rating Information

Type of association:

- ☐ Residential condo        ☐ Homeowner        ☐ Commercial/Retail        ☐ Cooperative        ☐ Master with sub-associations  
☐ Mobile home/RV park    ☐ Road/Lake association    ☐ Property owners        ☐ Condo-Hotel        ☐ Timeshare/Interval  
☐ Townhome                ☐ Planned unit development

1. Please confirm the association has active bylaws and Covenants, Conditions and Rules (CC&Rs) in place? ☐ Yes    ☐ No

2. Who is responsible for the insurance and maintenance of the exterior of residential buildings?

- ☐ The association    ☐ Individual unit owners

a. If the association, do the bylaws require the association to insure any unit's interior property? ☐ Yes    ☐ No

3. Total number of units when construction is complete: \_\_\_\_\_ Number of units currently complete: \_\_\_\_\_

4. Number of stories: \_\_\_\_\_

5. Original building year: \_\_\_\_\_

6. Number of employees: \_\_\_\_\_

7. Is there any commercial/retail occupancy? ☐ Yes    ☐ No

If "Yes," number of commercial/retail units: \_\_\_\_\_

8. Total area of commercial/retail space: \_\_\_\_\_ square feet    Total area of residential space: \_\_\_\_\_ square feet

9. What type of business is occupying the commercial/retail units? \_\_\_\_\_

10. What percentage of the units are occupied by student tenants (*Not applicable in DC*)? \_\_\_\_\_

11. Are any units rented or leased by the association or by individual unit owners? ☐ Yes    ☐ No

12. Are more than 50% of the units rented or leased by the association or by individual unit owners? ☐ Yes    ☐ No

13. Are there any short-term rentals (less than 30 days)? ☐ Yes    ☐ No

If "Yes," answer a and b below:

a. Do the association's bylaws specifically prohibit short-term rentals? ☐ Yes    ☐ No

b. Do the association's bylaws prohibit short-term rentals to persons of 25 years of age or younger? ☐ Yes    ☐ No

14. Does the builder/developer or agent maintain representation on the board of the association? ☐ Yes    ☐ No

If "Yes," has control of the board been turned over to the association? ☐ Yes    ☐ No

### INSPECTION/RESERVES

15. For Florida condominiums, will the association conduct structural re-inspections in accordance with local ordinances and follow a formal procedure to comply with the resulting recommendations (*not applicable if over three stories*)? ☐ N/A    ☐ Yes    ☐ No

16. For Florida condominiums, does the association conduct reserve studies in accordance with local statutes and require adequate reserve funds in order to replace each structural component inspected? ☐ Yes    ☐ No

17. If the risk is exposed to snow and ice, is a responsible party required to remove snow from all sidewalks, walkways and parking areas in accordance with local statutes after the final snowfall and apply a deicing agent? ☐ N/A ☐ Yes ☐ No
18. Are safety hazard checks completed on a regular basis according to state/county guidelines and necessary repairs completed in a timely manner on all common areas, including but not limited to stairways, sidewalks and driveways, parking areas, trees, docks and beach ramps? ☐ Yes ☐ No

## LOSS INFORMATION

19. Have there been any losses, claims or known circumstances that could result in a claim in the past five years (including closed no pay)? *If "Yes," attach loss runs.* ☐ Yes ☐ No
- Please include all third party property damage claims that the association was responsible for.*

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> D&O			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> D&O			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> D&O			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

For each loss, please provide measures that have been put in place to prevent future incidents: \_\_\_\_\_

## ELIGIBILITY CRITERIA

### General Liability

20. Has any insurance policy in the name of the association ever been canceled or non-renewed? ☐ Yes ☐ No
- If "Yes," please explain: \_\_\_\_\_
21. Does the association have any past, pending, or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the association or an officer, partner, member or owner, individually within the past five years? ☐ Yes ☐ No
22. Are 50% or more of the units occupied? ☐ Yes ☐ No
23. Do the written by-laws require all property owners to become members of the association? ☐ Yes ☐ No
24. Do the association's bylaws include an age restriction for membership? ☐ Yes ☐ No
25. Are there any plans of ongoing construction or development of homes, units, common facilities or undeveloped lots? ☐ Yes ☐ No
- If "Yes," please explain: \_\_\_\_\_
26. Does the association have an affiliation with, own, maintain or contract for any of the following: airports/airstrips, animal stables, bridges for vehicle use, day cares, skiing/resort activities, electricity or sewage treatment facilities? ☐ Yes ☐ No
27. Does the association sponsor any athletic teams or hold sporting competitions on premises? ☐ Yes ☐ No
28. If over three stories, is there a fully enclosed, fire-protected stairwell? ☐ N/A ☐ Yes ☐ No
29. If over seven stories, is the building 100% sprinklered? ☐ N/A ☐ Yes ☐ No
30. Are there functioning and operational smoke and/or heat detectors in all residential structures and clubhouses? ☐ Yes ☐ No
31. Is this a master association that oversees other sub-associations? ☐ Yes ☐ No
- If "Yes," are all sub-associations required to carry their own insurance and consist of only residential units? ☐ Yes ☐ No
32. Does the association allow non-association members to use the recreational facilities such as the pool, fitness facilities or clubhouse? ☐ Yes ☐ No
33. Does the association share any amenities with another association? ☐ Yes ☐ No
34. Does the association use any type of security guard service or other personnel to monitor or guard the premises? ☐ Yes ☐ No
35. Does the association obtain certificates of general liability and worker's compensation coverage from all contractors? ☐ Yes ☐ No

## Amenities Section

36. Does the association offer valet parking, concierge service or any hotel-style amenities? ☐ Yes ☐ No

37. Does the association own or maintain any of the following amenities? ☐ Yes ☐ No

If "Yes," confirm number of each:

**Pool(s):** \_\_\_\_\_ (Multiple pools/Jacuzzis within the same fenced area are considered one exposure.)

- a. Does the association own or maintain a pool? ☐ Yes ☐ No
- b. Does the pool comply with the Virginia Graeme Baker Pool and Spa Safety Act? ☐ Yes ☐ No
- c. Are all pools completely fenced with a self-latching gate, depths are clearly marked, rules are clearly posted, life safety equipment is readily available and there are no diving boards or slides? ☐ Yes ☐ No

**Docks/Slips/Piers** (Number: \_\_\_\_\_)

- a. Is there a charge or fee for access to the pier? ☐ N/A ☐ Yes ☐ No
- b. Does the association own or rent any watercraft? ☐ Yes ☐ No
- c. Are "No Swimming" signs posted on all docks, boats slips, boat ramps and piers? ☐ Yes ☐ No
- d. Are there any commercial operations or docking of commercial vessels permitted? ☐ Yes ☐ No
- e. Are any marina services provided (fueling, dry boat storage/moorage, repairs, sales, etc.)? ☐ Yes ☐ No
- f. If there is motorized boating activity, are buoys or signs in place to mark the designated swimming area? ☐ Yes ☐ No

**Clubhouse, Cabana, Pool or Guard House** (Square feet: \_\_\_\_\_)

- a. If there are any association-owned common buildings (e.g., clubhouse) is all wiring connected to functioning circuit breakers, the entire building protected by functioning smoke detectors, and no aluminum or knob and tube wiring? ☐ Yes ☐ No

**Exercise/Fitness Center:** \_\_\_\_\_

- a. Are rules posted requiring adult supervision? ☐ Yes ☐ No
- b. Are memberships sold to the general public? ☐ Yes ☐ No
- c. Are professional services provided? ☐ Yes ☐ No

**Lakes/Ponds** (Acres: \_\_\_\_\_)

- a. Are there any bridges for vehicle use or dams? ☐ Yes ☐ No
- b. Are any marina services provided (fueling, dry boat storage/moorage, repairs, sales, etc.)? ☐ Yes ☐ No
- c. Are the rules clearly posted at the lakes and beaches? ☐ Yes ☐ No
- d. Are there any diving boards, slides or flotation devices available? ☐ Yes ☐ No
- e. If swimming is permitted, are buoys or signs in place to mark the designated swimming area? ☐ N/A ☐ Yes ☐ No
- f. Any use by the general public? ☐ Yes ☐ No
- g. Is lifesaving equipment within a reasonable distance at beaches? ☐ Yes ☐ No
- h. Does the association own or rent any watercraft? ☐ Yes ☐ No

**Playgrounds** (Number: \_\_\_\_\_)

- a. Is there a minimum of six inches of loose fill surface (e.g., sand, pea gravel, shredded wood product or shredded rubber) or a shock absorbent surface material (e.g., rubber tiles, mats, or poured-in-place material) under all permanently installed playground equipment? ☐ Yes ☐ No

**Sport courts** (Type and number: \_\_\_\_\_) **Streets/Roads** (Miles: \_\_\_\_\_)

**Private beaches:** \_\_\_\_\_ **Walking/Equestrian trails** (Miles: \_\_\_\_\_)

**Enclosed parking garages** (Square feet: \_\_\_\_\_) **Dog parks:** (Number of acres: \_\_\_\_\_)

**Open space/Greenbelts** (Acres: \_\_\_\_\_)

For open space over 50 acres, describe what space is being used for and activities: \_\_\_\_\_

38. Is there any commercial use/exposure on the open space? ☐ Yes ☐ No

39. Is there any planned construction/development for the open space? ☐ Yes ☐ No

**Hired and Non-owned Auto Liability** ☐ Check if coverage is desired

40. Does the association own any automobiles or have a Commercial Automobile policy in force? ☐ Yes ☐ No

41. Are employees or volunteers required to use their personal automobile to conduct the association's business on a regular basis? ☐ Yes ☐ No

42. Are vehicles used to transport people or deliver goods or products on a regular basis? ☐ Yes ☐ No

If the association owns a building, please complete the following:

**Please provide requested limits for the following property that is to be insured:**

Additional outdoor property: \_\_\_\_\_ Description: \_\_\_\_\_

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56. Does any one person/entity own multiple units? ☐ Yes ☐ No  
 If "Yes," what is the greatest percentage of units owned by one person/entity? \_\_\_\_\_ %
57. Within the past 24 months have any of the following occurred:
- a. Has the association completed a foreclosure sale against an owner? ☐ Yes ☐ No
  - b. Have there been any challenges to board elections, covenants, or by-laws? ☐ Yes ☐ No
  - c. Has the board initiated litigation for reasons other than collection of dues or fees? ☐ Yes ☐ No
58. a. Within the past five years, has any inquiry, complaint, notice of hearing, claim or suit been made against the applicant, or any person proposed for Insurance in the capacity of director, officer, trustee, employee or volunteer of the applicant? *If "Yes," complete USLI Claim Supplement for each claim.* ☐ Yes ☐ No  
 b. Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the applicant or any of its directors, officers, trustees, employees or volunteers? ☐ Yes ☐ No  
*If "Yes," complete USLI Claim Supplement for each claims.*
59. Has any policy for directors and officers or employment practices liability ever been canceled or non-renewed? ☐ Yes ☐ No

## FRAUD STATEMENTS

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Florida Fraud Statement:** 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.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland Fraud Statement:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky and Pennsylvania 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee, Virginia and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

## STATE NOTICES

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**South Carolina:** THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

**New York 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 fact material 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 violation.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_

Officer of the board or property manager

Date: \_\_\_\_\_



## Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.