

Western World Insurance Company

Tudor Insurance Company

## General Liability Application For Condominium or Homeowners' Association

1. Name of Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Applicant's Web Site Address: \_\_\_\_\_

2.  Individual  Corporation  Partnership  Joint Venture  LLC  Other Specify: \_\_\_\_\_

3. Limits Of Insurance Requested:  
 General Aggregate Limit (Other than Products-Completed Operations) \$ \_\_\_\_\_  
 Products-Completed Operations Aggregate Limit \$ \_\_\_\_\_  
 Personal and Advertising Injury Limit \$ \_\_\_\_\_ any one person or org.  
 Each Occurrence Limit \$ \_\_\_\_\_  
 Damage to Premises Rented to You (up to \$100,000 limit available) \$ \_\_\_\_\_ any one premise  
 Medical Expense Limit (up to \$5,000 limit available) \$ \_\_\_\_\_ any one person

4. Effective Dates Desired: From: \_\_\_\_\_ To: \_\_\_\_\_

5. Years in business: \_\_\_\_\_ When was construction of units completed? \_\_\_\_\_

6. Have all development and/or construction operations been completed?  Yes  No  
 Has control of association been transferred from builder/developer?  Yes  No  
 Is the developer/sponsor a member of the board of directors?  Yes  No  
 Does developer/sponsor maintain representation or board of directors?  Yes  No

7. Number of units \_\_\_\_\_ Single Family Homes \_\_\_\_\_ Town homes \_\_\_\_\_ Condos \_\_\_\_\_  
 Rental Units \_\_\_\_\_ Commercial Condos \_\_\_\_\_ Time -Shares \_\_\_\_\_

8. Number of stories \_\_\_\_\_ Sprinklered?  Yes  No Fire resistive?  Yes  No  
 If risk is sprinklered: a. Full  Yes  No b. Partial  Yes  No  
 Areas of coverage:  Entire Building  Units  Common Areas  
 Attic  Basements  Garage

9. Beach: a. Does Applicant maintain the beach?  Yes  No  
 b. Does Applicant own the beach?  Yes  No  
 c. Does Applicant provide lifeguard services?  Yes  No  
 d. Does Applicant provide amenities (i.e., beach chairs and umbrellas)?  Yes  No

10. How many swimming pools? \_\_\_\_\_ Indoor  or Outdoor  Pool Depth of water? \_\_\_\_\_ ft.  
 Number of diving boards, pool slides, or diving platforms? \_\_\_\_\_  
 Any diving boards, pool slides, or diving platforms over 8 ft. in height?  Yes  No  
 Are rules posted?  Yes  No Are pools fenced?  Yes  No  
 Are gates self closing and locking?  Yes  No Lifeguards on duty when pool is open?  Yes  No  
 What is the age of the pool? \_\_\_\_\_ Number of pool drains per pool? \_\_\_\_\_  
 Do all pool drains and grates have covers that cannot be removed without the use of a tool?  Yes  No  
 Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act?  Yes  No  
 Drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate?  Yes  No  
 Pool has an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain?  Yes  No  
 Are dual or multiple drains at least three (3) feet apart?  Yes  No  
 If Applicant is not in compliance with the VGB Act, when does Applicant expect to be? \_\_\_\_\_

11. Number of: Clubhouses \_\_\_\_\_ Convenience Stores \_\_\_\_\_ Saunas \_\_\_\_\_  
 Spas \_\_\_\_\_ Baseball diamonds \_\_\_\_\_ Volleyball courts \_\_\_\_\_  
 Tennis courts \_\_\_\_\_ Basketball courts \_\_\_\_\_ Racquetball courts \_\_\_\_\_  
 Playgrounds \_\_\_\_\_ Lakes (no. of acres) \_\_\_\_\_ Diving rafts \_\_\_\_\_  
 Ice Skating \_\_\_\_\_ Bathing beaches \_\_\_\_\_ Restaurant/Lounges \_\_\_\_\_  
 Boat docks \_\_\_\_\_ Boat rentals \_\_\_\_\_ Vacant Land (# of acres) \_\_\_\_\_  
 Private airports \_\_\_\_\_ Shooting Ranges \_\_\_\_\_ Golf Course \_\_\_\_\_  
 Jet skiing allowed \_\_\_\_\_ Other facilities/activities \_\_\_\_\_

12. Clubhouse – If there is a clubhouse, is it rented to:  Members  Non-Members
13. Any waterworks/sewage treatment/disposal facilities?  Yes  No  
Describe in detail: \_\_\_\_\_  
Any dams?  Yes  No Describe: \_\_\_\_\_
14. Is the association responsible for maintenance of roads?  Yes  No  
If so, how many miles of road? \_\_\_\_\_
15. How many parks? \_\_\_\_\_ Describe in detail: \_\_\_\_\_
16. Any horse trails, bike trails, or walking trails?  Yes  No  
If yes, how many miles of \_\_\_\_\_ Describe trails in detail: \_\_\_\_\_
17. Any stables?  Yes  No Riding arenas  Yes  No  
Jumps?  Yes  No Saddle animals for hire?  Yes  No
18. Is this a master association which provides group common areas for individual associations?  Yes  No
19. Does association include commercial and/or institutional members?  Yes  No
20. Any security guards on premises?  Yes  No  
If yes, how many? \_\_\_\_\_ Are they armed  or unarmed?   
Does association directly employ guards?  Yes  No  
If outside security service, are certificates of insurance required?  Yes  No
21. Total number of employees? \_\_\_\_\_
22. Does Applicant have Workers Compensation coverage in force?  Yes  No
23. Does Applicant lease employees?  Yes  No
24. Any special events?  Yes  No
25. Any sponsored athletic teams?  Yes  No  
If yes, please describe: \_\_\_\_\_
26. Any other exposures for which the association is responsible?  Yes  No  
Describe: \_\_\_\_\_
27. Previous Insurer: Indicate premium and losses for the past three (3) years. Describe all losses.

Year	Company	Policy No.	Premium	Losses Reserved	Description

28. Any owned or long term leased commercial autos?  Yes  No  
Who is auto insurance carrier? \_\_\_\_\_
29. Any autos rented on a temporary basis?  Yes  No
30. Does Applicant require any employee to use their personal auto to conduct Applicant's business?  Yes  No
31. How often are non-owned autos used in Applicant's business?  Daily  Weekly  Monthly
32. Total number of non-owned autos used in Applicant's business? \_\_\_\_\_
33. Does the Applicant require employees and volunteers to have their own auto insurance?  Yes  No  
If yes, what are the minimum limits required? \_\_\_\_\_  
Does the Applicant require evidence of insurance?  Yes  No

This application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Producing Agent: \_\_\_\_\_