



Risk Placement Services, Inc.

Condominium/Homeowners Association Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Agent Name: _____ Contact: _____
Agent Address: _____ Phone # _____
Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____
_____ Web Address _____
_____ Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____
Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____
Location #2 _____
Location #3 _____

UNDERWRITING INFORMATION

- 1. Number of Single Family Units _____ Condominium / Townhouse Units _____
- 2. % Owner Occupied _____ % Tenant Occupied _____
- 3. Number of stories (over 7 stories, submit) _____ Construction _____
- 4. Age of buildings _____ Total Square Footage _____
- 5. Does Developer retain any interest in the Association? Yes No
If yes, **submit**.
- 6. Number of miles of streets the Association maintains _____
If over 5 miles, **submit**.
- 7. Year of latest update: Roof _____ Plumbing _____ Wiring _____
If aluminum wiring verify all outlets are pigtailed. _____
- 8. Surrounding area: Improving Stable Declining
- 9. Security:
Does the Association employ security guards? Yes No
If yes, are the guards independent contractors or employees of the association? _____
If guards are independent contractors a certificate of insurance must be obtained from the service.
If guards are employees of the association rate separately; Basis of premium is total payroll. **Submit** for armed guards.
- 10. Does the association provide drinking water to members? Yes No
If yes, **attach** a completed Rural Water Company Supplemental Application, S370s.

RECREATIONAL FACILITIES

Complete for swimming pools or lakes:

POOLS

Number of Pools _____

Is pool fenced from all units?..... Yes No

If no, **submit**.

Are there self-locking gates? Yes No

Does the pool have depth markers? Yes No

Are rules posted? Yes No

Is there lifesaving equipment in place? Yes No

Is there a lifeguard? Yes No

Is there a diving board?..... Yes No

Is there a slide?..... Yes No

If yes, what is the height? _____

(If over 1 meter, **submit**.)

Does association sponsor a swim or dive team? Yes No

If yes, **submit**.

PONDS/LAKES

Number of lakes/ponds? _____ Number of acres: _____ Max. depth of water: _____

Is the lake fenced? Yes No

If no, are rules posted concerning use at your own risk? Yes No

If no, **submit**.

Is swimming allowed? Yes No

If yes, are signs posted swim at your own risk? Yes No

If no, **submit**.

Any diving platforms? Yes No

If yes, **submit**.

Any docks or piers?..... Yes No

If yes, signs must be posted no jumping or diving allowed.

Any watercraft rental? Yes No

If yes, describe number and type. _____

A rental agreement with a hold harmless agreement must be used.

Any water skiing or jet ski allowed on lake? Yes No

If yes, **submit**.

ADDITIONAL EXPOSURES

1. Describe playground equipment (e.g. fenced condition, height, etc.) _____

2. Complete the number of the following:

Volleyball Courts _____ Tennis Courts _____ Basketball Courts _____ Baseball Fields _____

Parks (acres) _____ Clubhouse (sq. ft.) _____ Biking Trails (miles) _____ Jogging Trails (miles) _____

Exercise Facilities _____

COMMERCIAL PROPERTY

(Please provide complete information for each insured location. **Attach** separate sheet, if necessary.)

BUILDING INFORMATION	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			
ALARM	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	___ Roof ___ Plumbing ___ Wiring	___ Roof ___ Plumbing ___ Wiring	___ Roof ___ Plumbing ___ Wiring

LIMITS & COVERAGE – PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	___%	\$ ___	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)	\$ ___	\$ ___	\$ ___
BPP	___%	\$ ___			\$ ___	\$ ___	\$ ___
BUSINESS INCOME	___% or Monthly Limit \$ ___	\$ ___			\$ ___	\$ ___	\$ ___
SIGNS (DESCRIBE) _____					\$ ___	\$ ___	\$ ___
TOTAL LIMITS					\$ ___	\$ ___	\$ ___

ADJACENT EXPOSURES

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

CONTRIBUTING INSURANCE

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS
_____	___	___
_____	___	___
_____	___	___

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____

EACH OCCURRENCE \$ _____

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____

MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		

Has the applicant been cancelled or non-renewed in the last three years? Yes No

If yes, Explain. _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature Date Applicant's Signature Date

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

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.