



UCA General Insurance Services, Inc.

Underwriter: _____

Broker: _____

Date: _____

Condominium Program Application

This application forms and becomes part of your policy.

INSURED

Named Insured: _____	Effective Date: _____
DBA: _____	Entity: _____
E-mail Address: _____	
Mailing Address: _____	
City: _____	State: _____ Zip code: _____
Location Address: _____	
City: _____	State: _____ Zip code: _____

PROPERTY

	Limit	Perils	Co-Ins.	Deductible	
Building:	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
Business Personal Property:	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
Signs:	\$ _____	_____	_____	\$ _____	

LIABILITY

General Liability:	\$ _____	<i>Occurrence/Aggregate</i>
Fire Damage:	\$ _____	
Medical Expense:	\$ _____	
Hired & Non-Owned Auto:	\$ _____	

COVERAGE AVAILABLE

	Limit	Deductible
Ordinance or Law:	\$ _____	
Association Fee:	\$ _____	\$ _____
Accounts Receivable:	\$ _____	
Valuable Papers:	\$ _____	\$ _____
Other Coverages:		

Application continues on page 2

Person to contact for inspection:		Applicant/Broker Signature	
Name: _____	Phone: _____	X	_____
Email: _____		Date:	_____

Application continues on page 2

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*As used in this questionnaire, "third party" means a written or oral demand, civil suit, or administrative, arbitration or criminal proceeding (regardless of its validity or outcome) brought by a third party concerning injury or damage arising out of the premises and/or operations for which applicant seeks insurance (No coverage for these and unknown claims/losses occurred prior to binding). Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud, is guilty of a crime and subject to civil fines, criminal penalties and confinement in prison. This application forms and becomes part of your insurance policy.

ADDITIONAL INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No Has the broker personally seen the risk?	Prior Policy Number: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Has coverage been cancelled/non-renewed?	Company Name: _____
<i>If yes, explain:</i> _____	Expiration Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Prior Losses? (3 yr. current valued loss runs must be provided)	Premium: _____
CC&R requires HOA to insure the following on Buildings: <input type="checkbox"/> Building Shell only <input type="checkbox"/> Bare Wall without any attachment <input type="checkbox"/> All items attached to the buildings exclude TIB.	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have there been any claims (including EPLI), suits or complaints, or any pending claims against the insured, any executive, officer or owner?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the insured or any executive, officer or owner have knowledge or information of ANY (past or present) act, error or omission which could reasonably be expected to result in a claim, suit or complaint?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If there are any employees, does the insured utilize an employment handbook, website or written employment materials (such as anti-harassment or anti-discrimination policies) to advise employees of their rights to work free of harassment and discrimination in the workplace?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A In the past and/or upcoming 12 months combined, there has not been nor does the insured expect any layoffs or reductions in the workforce totaling more than 15% of the total employee count?	
How many employees does the insured have? _____	Full Time: _____ Part Time: _____

BUILDING / PROPERTY INFORMATION

<p>01. <input type="checkbox"/> Yes <input type="checkbox"/> No Any known evidence of MOLD damage? * <input type="checkbox"/> Yes <input type="checkbox"/> No Any unrepaired damage to the property? * <i>*If 'Yes', explain in detail and respond separately.</i></p> <p>02. Construction Type: _____ Total number of stories: _____ Total number of buildings: _____ Roof Type: _____ Distance between bldgs.: _____ Total number of units: _____</p> <p>03. Year Built: _____ Total building area sq. ft.: _____ Number of years in business at this location? _____ How many miles of streets? _____</p> <p>04. <input type="checkbox"/> Yes <input type="checkbox"/> No Is this property converted from apartments? <i>*If 'Yes', explain in detail and respond separately.</i></p> <p><i>If the property is 25 years of age or older, please answer the following questions to the best of your knowledge:</i></p> <p>04. Electrical <input type="checkbox"/> Yes <input type="checkbox"/> No Has the electrical system been updated, upgraded or replaced? If YES, when? <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <input type="checkbox"/> No Copper wiring? <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <input type="checkbox"/> No Is the property on circuit breakers? <input type="checkbox"/> Unsure</p> <p>05. Plumbing <input type="checkbox"/> Yes <input type="checkbox"/> No Has the plumbing system been updated, upgraded or replaced? If YES, when? <input type="checkbox"/> Unsure</p> <p>06. Roofing <input type="checkbox"/> Yes <input type="checkbox"/> No Has the roof been updated, upgraded or replaced? <input type="checkbox"/> Unsure If YES, when?</p> <p>07. HVAC <input type="checkbox"/> Yes <input type="checkbox"/> No Has the HVAC system been updated, upgraded or replaced? If YES, when? <input type="checkbox"/> Unsure</p> <p>08. Safety <input type="checkbox"/> Yes <input type="checkbox"/> No Building(s) fully sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No Smoke detectors in all units? <input type="checkbox"/> Yes <input type="checkbox"/> No Fire extinguishers on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Elevators? How many? <input type="checkbox"/> Yes <input type="checkbox"/> No Gated Community? <input type="checkbox"/> Yes <input type="checkbox"/> No Outside security company? <input type="checkbox"/> Yes <input type="checkbox"/> No Armed security guard? How many? <input type="checkbox"/> Yes <input type="checkbox"/> No Clubhouse w/ security guard? How many? <input type="checkbox"/> Yes <input type="checkbox"/> No Brush area? <input type="checkbox"/> Yes <input type="checkbox"/> No Hillside/slopes? <input type="checkbox"/> Yes <input type="checkbox"/> No Vegetation on hillside?</p>	<p>09. Amenities <input type="checkbox"/> Yes <input type="checkbox"/> No Any lakes, marinas, ponds, boat docks or unfenced bodies of water? (circle any that apply) How deep? _____ Number of pools # _____ Number of Jacuzzis # _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Located on roof? <input type="checkbox"/> Yes <input type="checkbox"/> No Lifeguard, life preserver & life rings? <input type="checkbox"/> Yes <input type="checkbox"/> No Diving boards or slides? <input type="checkbox"/> Yes <input type="checkbox"/> No Shepherds hook? <input type="checkbox"/> Yes <input type="checkbox"/> No Pool depth marked? <input type="checkbox"/> Yes <input type="checkbox"/> No Pool fenced w/ self latching/closing gate? <input type="checkbox"/> Yes <input type="checkbox"/> No All warning signs posted? <input type="checkbox"/> Yes <input type="checkbox"/> No Playground? How many? <input type="checkbox"/> Equipment over 6' height <input type="checkbox"/> Metal slides <input type="checkbox"/> Yes <input type="checkbox"/> No Bike Trails? How many miles? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Equestrian trails? How many? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Recreational facilities? How many? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Any childcare facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Fitness rooms? How many? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Baseball/tennis/basketball/racquetball/volley ball/courts? Total # of courts: _____</p> <p>10. Parking Facilities <input type="checkbox"/> Yes <input type="checkbox"/> No Built-in garage or tuck-under garage? <input type="checkbox"/> Yes <input type="checkbox"/> No Carports? Attached or Detached? <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> Yes <input type="checkbox"/> No Ground Floor? <input type="checkbox"/> Yes <input type="checkbox"/> No Open lot parking? <input type="checkbox"/> Yes <input type="checkbox"/> No Underground? Sq. Ft.: _____</p> <p>11. Operations/Management What is the % of rentals? _____ % Average sales price: \$ _____ to \$ _____ Compare to neighboring complexes: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant own any commercial auto? <input type="checkbox"/> Yes <input type="checkbox"/> No Commercial auto insurance in force? <input type="checkbox"/> Yes <input type="checkbox"/> No Non-owned/Hired Auto liability provided by auto policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant's employees use their personal auto for business? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant require these employees to carry liability insurance?</p>
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