



UCA General Insurance Services, Inc.

Underwriter: _____

Broker: _____

Date: _____

Homeowners Association (PUD) Program Application

This application forms and becomes part of your policy.

INSURED

Named Insured: _____	Effective Date: _____
C/O: _____	Entity type: _____
E-mail Address: _____	
Mailing Address: _____	
City: _____	State: _____ Zip code: _____
Location Address: _____	
City: _____	State: _____ Zip code: _____

COMMON AREA PROPERTY

Perils: _____

Deductible: _____

COVERING:

Gates: \$ _____	Carports: \$ _____	Streets: \$ _____
Club House: \$ _____	Pool House: \$ _____	Trash: \$ _____
Guard Shack: \$ _____	Walkways: \$ _____	Tot Lot: \$ _____
Pool/Jacuzzi: \$ _____	Fences/Walls: \$ _____	Landscape: \$ _____
Irrigation: \$ _____	Lighting/Elec. \$ _____	Trees/Shrubs: \$ _____
Others: \$ _____	Covering (specify): _____	
Contents: \$ _____	_____	
Signs: \$ _____	_____	

LIABILITY

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

COVERAGE AVAILABLE

Other Coverages: _____	<i>Limit</i>	<i>Deductible</i>

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: _____
If yes, explain: _____		Expiration Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Losses? (3 yr. current valued loss runs must be provided)	Premium: _____
<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	If there are 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"/> N/A		
<input type="checkbox"/> Yes <input type="checkbox"/> No	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?	
<input type="checkbox"/> N/A		
How many employees does the insured have? Full Time: _____ Part Time: _____		

COMMON AREA PROPERTY /OPERATIONS INFORMATION

<p><input type="checkbox"/> Yes <input type="checkbox"/> No Any known evidence of MOLD damage?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Any unrepaired damage to the property? *If 'Yes', explain in notes below.</p> <p>Construction Type: _____ Year Built: _____</p> <p>_____ Total Area, sq. ft.: _____</p> <p>Roof Type: _____ Total # of units in association: _____</p> <p>_____ Street/roads, # of miles: _____</p> <p>Safety</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Gated Community?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Security guards? If 'Yes', how many? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Armed guards?</p> <p>Security are: <input type="checkbox"/> Employees <input type="checkbox"/> privately contracted</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Brush area?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Hillside/slopes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Vegetation on hillside?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Any lakes, marinas, ponds, boat docks or unfenced bodies of water? How deep? _____</p> <p>Amenities</p> <p>Number of Pools: _____ Number of Jacuzzis: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Lifeguard, life preserver & life rings?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Diving boards or slides?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Shepherds hook?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Pool depth marked?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Pool fenced w/ self latching/closing gate?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No All warning signs posted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Playground? How many? _____</p> <p><input type="checkbox"/> Equipment over 6' height</p> <p><input type="checkbox"/> Metal slides</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Bike Trails? How many miles? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Equestrian trails? How many? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Recreational facilities? How many? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Any child care facilities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Clubhouse?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Baseball fields, tennis, basketball, racquetball, volley ball courts? Total # of fields/courts: _____</p>	<p>Operations/Management</p> <p>Liability insurance verified for:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Landscaping</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Maintenance</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Pool Service</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Service contracts for elec. gates/elevators?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Is D&O coverage in place?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Is risk managed by prof. mgmt. company?</p> <p>Commercial Auto</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant own any commercial auto?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Commercial auto insurance in force?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Non-owned/Hired Auto liability provided by auto policy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant's employees use their personal auto for business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant require these employees to carry liability insurance?</p> <p>NOTES:</p>
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