

HOMEOWNERS ASSOCIATION QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

If the business maintains a web site, state the address: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES", you are not eligible for coverage.

- | | | |
|--------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Does the risk have it's own volunteer fire department, sheriff, police or rescue squad? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the risk operate/maintain a sewage facility or provide drinking water to members? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the risk have a garbage dump? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the risk have a private airport? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the risk have an ice skating rink exposure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

GENERAL QUESTIONS

- | | |
|---------------------------------------------------------------------------------------|----------------------------------------------------------|
| 6. How many units total are in the association? | _____ |
| 7. How many units in the association are still undeveloped? | _____ |
| 8. Do you hire independent contractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Is the contractor listed as the Named Insured? (If yes, the risk is not eligible.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Are independent contractors required to carry general liability coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Limits required: _____ | |
| 11. Are certificates of insurance maintained on file for all independent contractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are certificates of insurance updated on an annual basis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Does the risk allow "time shares" (apartments, condominiums, or hotels) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Do you rent your club house to others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Does the risk have a water dam exposure? If so please describe: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Height: _____ | Storage Volume: _____ |
| Potential Downstream Hazard: _____ | |

EXPOSURES

<input type="checkbox"/> Baseball Field
<input type="checkbox"/> Basketball Court
<input type="checkbox"/> Bathing Beaches
<input type="checkbox"/> Boat Docks & Slips
<input type="checkbox"/> Club House
<input type="checkbox"/> Dams
<input type="checkbox"/> Lake/Pond

<input type="checkbox"/> Park
<input type="checkbox"/> Playground
<input type="checkbox"/> Sauna
<input type="checkbox"/> Security Guards
<input type="checkbox"/> Skating Rink
<input type="checkbox"/> Streets & Roads
<input type="checkbox"/> Swimming Pool

<input type="checkbox"/> Tennis & Courts
<input type="checkbox"/> Whirlpool
<input type="checkbox"/> Other:
<input type="checkbox"/> Other:

COMPLETE ONLY THE QUESTIONS THAT APPLY

Beaches

- 16. Are lifeguards present? Yes No
- 17. Is swimming area marked? Yes No
- 18. Are rules posted in swimming area? Yes No

Boat Docks & Slips

- 19. Are docks inspected annually? Yes No
- 20. Are docks coated with a nonslip surface? Yes No
- 21. Are rules posted? Yes No

Lakes, Ponds, Rivers

22. Describe the type and area of the body of water:

23. Are there any recreational facilities provided? (Paddle boats, inflatable trampolines, swimming rafts, diving boards, slides, jumping pillows, etc.) Yes No

If yes, describe: _____

Playgrounds

24. Indicate the type of surface below playground equipment:

- Sand Pit Wood Chips Shredded Tires Pea Gravel Other (describe): _____

25. Are there any climbing nets? Yes No

26. Age of equipment: _____

27. Are regular inspections made on the equipment? Yes No

Security Guards Yes No

28. Are security guards armed? Yes No

29. Are security guards independent contractors? Yes No

If yes, do you require them to have general liability coverage? Yes No

Limits required: _____

Streets & Roads

30. Are you responsible for the maintenance and upkeep of the roads? Yes No

31. If independent contractors are used for the maintenance, do you require certificates of insurance? Yes No

Limits required: _____

Swimming Pools

If you have swimming pools, or other water features, see the Pools & Water Feature Guidelines and complete the Swimming Pools/Water Features Questionnaire CGE 160.



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties.

I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address