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Condominium/Townhouse/Homeowners Association Application

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

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

Proposed Policy Period _____ to _____ Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

- Number of: Single Family Units _____ Condominium Units _____ Townhouse Units _____
 If over 100 units, **submit**
 - % Owner Occupied _____ % Tenant Occupied _____ % Timeshare _____
 If more than 30% tenant occupied, or if any timeshare units - **submit**
 - Number of stories (over 7 stories, **submit**) _____ Construction _____
 - Age of buildings _____ Total Square Footage _____
 - Does Developer retain any interest in the Association? Yes No
 If yes, **submit**.
 - Number of miles of streets the Association maintains _____
 If over 5 miles, **submit**.
 - Year of latest update: Roof _____ Plumbing _____ Wiring _____
 If aluminum wiring verify all outlets are pigtailed. _____
 - Surrounding area: Improving Stable Declining
 - Security Personnel:
 Does the Association employ security guards? Armed Yes No Unarmed Yes No
- Note: If guards are independent contractors a certificate of insurance must be obtained from the service. If guards are employees of the association they must be classified and rated separately. The basis of premium is total payroll.
- Submit unarmed guards employed by the Association and armed guards whether employed by the Association or not with a completed Security Guard / Patrol Application, A002.**
- Does the association provide drinking water to members? Yes No
 If yes, **submit** with a completed Rural Water Company Supplemental Application, S370s.

RECREATIONAL FACILITIES

POOLS / SAUNAS / SPAS / HOT TUBS

Number of: Pools _____ Saunas _____ Spas _____ Hot Tubs _____

Are all 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

If yes, what is the height? _____ (If over 1 meter, **submit**.)

Is there a slide? Yes No

If yes, **submit**

Does association sponsor a swim or dive team? Yes No

If yes, **submit**.

BEACHES / LAKES / PONDS / RESERVOIRS

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

If over 25 acres - **submit**

Are lakes 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, ramps, slips 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. Complete the following as applicable:

Clubhouse (sq. ft.) _____ Parks (acres) _____ Playgrounds (each) _____

Exercise Facilities (each) _____ Biking Trails (miles) _____ Jogging Trails (miles) _____

Number of Sports Courts: Volleyball _____ Tennis _____ Basketball _____ Baseball Fields _____

Other incidental exposures _____

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

3. Describe the types of "other" incidental exposures indicated above _____

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"/> |

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. _____

Producer's Signature

Date

Applicant's Signature

Date