

**BUSINESS INFORMATION**

Named Insured:								Yes	No
1.	Is the association still under the General Contractor and/or Developer's Control?								
2.	Is association still under construction?								
If Yes; Please provide expected completion date:									
3.	Is the building more than 15 years old?								
If Yes, please provide update information:		Heating:		Electrical:		Plumbing:		Roof:	
4.	Is the building more than 25 years old?								
If Yes; Has a Rehab been completed?		Date of Rehab:							
5.	Do employees use their own auto for insured's business?								
If Yes; Please Explain:									
6.	Has applicant ever been involved in bankruptcy or foreclosure?								
If Yes; Please Explain:									
7.	Has applicant had any citations or violations from any regulatory authority?								
If Yes; Please Explain:									
8.	Is insured location/premises used in any way by any outside organization?								
If Yes; Please Explain:									
9.	Is premise registered in the State of Florida in accordance with the Condominium Act (Florida State Statue Chapter 718)?								

**PREMISES INFORMATION**

10.	Check all applicable:	Association		HOA		Time Share		CO-OP		
11.	Type of Roof (shingle, tile, etc.)?									
12.	Number of Buildings			Number of Units in each Building						
								Yes	No	
13.	Percent of Units Occupied	Owner		%	Rented		%	Vacant		
14.	Are unit owners required to obtain their own insurance?									
15.	If rented: is formal written lease signed by tenant?									
If NO; Please Explain:										
Minimum number of months required for lease/rental?										
16.	Is there more than 10% student occupancy?									
17.	Does risk consist of Mixed Occupancy (mercantile or office)?									
What is the percentage of mercantile or office?										
18.	Is risk located in high risk flood zone (A or V)?									
19.	Any building(s) exterior component, fixtures or features include EIFS or Dryvit construction?									
Percentage of exterior with EIFS/Dryvit:										%
20.	Any building(s) show signs of cracking?									
21.	Are there any known construction defects including but not limited to Chinese Drywall?									
If Yes; Please explain:										
22.	Any building(s) equipped with properly mounted fire extinguishers?									
Are extinguishers inspected annually?										
23.	Has there been any sinkhole activity on the premises?									
Has a sinkhole claim ever been filed for premises?										
24.	Are streets/roads owned or maintained by applicant?									
If Yes; enter number of miles:										
25.	Are there any bridges or nature trails owned or controlled by insured?									
If Yes; Indicate number of miles:		Bridges				Nature Trails				



# RESIDENTIAL CONDOMINIUM ASSOCIATION

## SUPPLEMENTAL APPLICATION

26.	Does the association have an electronic gate at front or back entrance to association?								
27.	Does the association have security guards at gate and/or on premises?								
	If Yes; are these Subs or Employees?								
28.	Are there functioning security cameras on premises?								
29.	Is there any water exposure not including pools?								
	If Yes; Provide number of each	Ponds/Lakes		Canals		Boat Slips		Docks	
30.	Number of swimming pools?								
	Are depths marked?								
	Are pools fenced?								
	Are gates Self-Latching?								
	Diving Boards/Slides?								
	Lifeguards?								
	If Yes; are these Subs or Employees								
	Pool Rules Posted?								
	Standard safety equipment at pool?								
31.	Playground								
	Playground equipment anchored and well maintained?								

### PLEASE PROVIDE/ATTACH THE FOLLOWING:

- Wind Mitigation Report
- Appraisal
- Sprinkler Report

#### IMPORTANT COVERAGE LIMITATION:

**Please read** – This policy is designed to provide coverage to Condominium Associations filed with the state under Chapter 718 of the Florida Statutes; as such this policy contains coverage limitations as required by that statute, to include but not limited to the following. Under Chapter 718, each individual unit owner is responsible for insuring:

- a. Floor coverings, wall coverings and ceiling coverings within individual units;
- b. Electrical fixtures, appliances, water heater, water filters, window treatments including hardware and built-in cabinets and countertops which are located within an individual unit.

**All policy coverage limitations apply without regard to any stipulations which may appear in any of your Condominium**

**Association Documents. As the individual(s) responsible for placing the insurance for this Condominium Association I have read**

**and understand the above:**

Responsible Party for Condominium		
(Printed Name)	Signature	Date
(Printed Name)	Signature	Date

Producer		
(Printed Name)	Signature	Date
State/Producer's License No		

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**