



IAN H. GRAHAM P&C SUPPLEMENTAL APPLICATION

Date quote is needed: _____

Association Name (as will appear on policy): _____

Eligible Operations:

- Residential Condominiums/Townhomes
- Homeowners Associations
- Cooperatives
- Office Condominiums
- Master Associations

Key Underwriting/Qualifying Factors Ineligible for this program:

- Housing Authorities
- Industrial/Manufacturing Exposures
- Trailer or Mobile Homes and Parks
- Builder's Risks

Program Highlights

All lines package policy with coverage designed for community associations including the following:

- Guaranteed Replacement Cost
- Common area and all-in coverage available
- Per unit deductible option available
- Equipment Breakdown available
- Flood and Earthquake available

Preliminary Underwriting Information Required:

- Ian H. Graham Application(s)
- ACORD Application(s) and Statement of Values
- 3 years of currently-valued loss runs
- Financial Statements

Submission Instructions:

To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact an IHG representative if you have any questions.

Please email your submission to
submissions@ihginsurance.com

Effective Date of Policy: _____

Association Type:

- Residential Condominium Cooperative
- Homeowners Association Commercial Association
- Master Association Other: _____

Applying For

- Package Policy (Property, GL, Auto)
- General Liability ONLY – No Property Coverage Needed
- Hired and Non-Owned Auto
- Employee Benefits Liability
- Stop Gap Liability (OH & WA Insureds)
- Cyber (*Complete Supplemental Section*)
- Umbrella
For D&O and Crime coverage - please apply online at:
ihginsurance.com

Submitting Broker Information

IHG Broker#: _____ (*If known**)

Brokerage Name: _____

Contact Name: _____

Phone: _____

E-mail Address: _____

Mailing Address*: _____

City: _____ State: _____

Zip: _____

**If IHG Broker # known, Broker address not required*

GENERAL INFORMATION

Insured Location/Physical Address: _____

City: _____ Country: _____ State: _____ Zip: _____

Any other insured locations: _____

Association's FEIN#: _____ Association's Website: _____

Association Contact Person: _____ Phone: _____ Email: _____

(For billing and loss control) Contact is: Professional Property Manager Member of the Board Unit Owner/Association is self-managed

N/A (Mailing Address is same as Property Manager's Mailing Address below)

Association Mailing/Billing Address: _____

City: _____ State: _____ Zip: _____

ASSOCIATION MANAGEMENT

Association is self-managed Association is managed by Property Management Company

Property Management Company Name: _____

PM Address: _____ City: _____ State: _____ Zip: _____

PM Website: _____

Number of Years Association Managed by this Property Manager: _____

Does the Property Manager maintain a designation/certification by Community Association Institute (CAI)? Yes No

Is there a written Risk Management program? Yes No If Yes, attach if available.

CURRENT INSURANCE PROGRAM INFORMATION

COVERAGE	POLICY TERM	COMPANY	LIMIT	DEDUCTIBLE	EXPIRING PREMIUM	TARGET PREMIUM
Property						
General Liability						
Auto						
Umbrella						
D&O						
Crime						
Other: _____						

Has any insurance coverage (Property, General Liability, D&O, or Umbrella) ever been declined, cancelled or non-renewed? Yes No

If yes, please provide details: _____

GENERAL EXPOSURE INFORMATION

Association Membership - Unit Count and Occupancy

Residential Units # _____ Occupied Units # _____
 Units Rented Short Term (6 months or less) # _____ Commercial Units # _____
 Vacant Units # _____ Are vacant units monitored and utilities upheld? Yes No
 Is Association still being developed? Yes No Units Owned by Developer # _____
 Total Number of Units at Completion # _____

Does the association have any of the following exposures? Please note that the association may not be eligible for the program and/or additional underwriting information may be required. (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Airstrip/Hangars | <input type="checkbox"/> Hotel |
| <input type="checkbox"/> Armed Security Services/Guards | <input type="checkbox"/> Hunting, archery, indoor, outdoor trap and skeet shooting ranges |
| <input type="checkbox"/> Armed Neighborhood Watch Person or Dog | <input type="checkbox"/> Ski Areas: snow skiing, water skiing or jet skiing |
| <input type="checkbox"/> Association provided daycare | <input type="checkbox"/> Police/Fire Services |
| <input type="checkbox"/> Equestrian activities or stables | <input type="checkbox"/> Water/Sewage Treatment |
| <input type="checkbox"/> Hospitals/Healthcare Clinics/Medical/Nursing Facilities (other than Dr's Offices) | |

ASSOCIATION OWNED PROPERTY INFORMATION (ACORD Supplemental)

To be submitted with Property Acord Application and detailed Statement of Values.

Total # of Residential Buildings: _____ Total # of Non-Residential Buildings: _____

Provide construction of:

Building # _____ Exterior Walls: _____ Floors: _____ Roof: _____
 Building # _____ Exterior Walls: _____ Floors: _____ Roof: _____
 Building # _____ Exterior Walls: _____ Floors: _____ Roof: _____

Does any building have a central air conditioning system servicing the entire building? Yes No
 Does any building have a hot water or steam boiler? Yes No If yes, date of last inspection: _____
 Does any building have a fireplace? Yes No If yes, are spark arrestors on all chimneys? Yes No
 Was lead paint ever present in any building? Yes No If yes, have all buildings been certified lead free? Yes No
 Has any building experienced any ice damming? Yes No If yes, provide details: _____
 Does any building have aluminum wiring? Yes No If yes, were repairs completed using the crimp connector method and copalum compression connectors? Yes No

Protective Measures

In common areas:	Smoke detectors?	<input type="checkbox"/> Hardwired	<input type="checkbox"/> Batteries	<input type="checkbox"/> None
	Sprinklers?	<input type="checkbox"/> Wet	<input type="checkbox"/> Dry	<input type="checkbox"/> None
	CO Detectors?	<input type="checkbox"/> Hardwired	<input type="checkbox"/> Batteries	<input type="checkbox"/> None
In restaurant/commercial units:	Smoke detectors?	<input type="checkbox"/> Hardwired	<input type="checkbox"/> Batteries	<input type="checkbox"/> None
	Sprinklers?	<input type="checkbox"/> Wet	<input type="checkbox"/> Dry	<input type="checkbox"/> None
	CO Detectors?	<input type="checkbox"/> Hardwired	<input type="checkbox"/> Batteries	<input type="checkbox"/> None

Are there fire hydrants on or near premises? Yes No

ASSOCIATION OPERATIONS (Amenities & Recreation) - COMPLETE APPLICABLE SECTIONS

CHECK ALL THAT APPLY:	OPERATED/MAINTAINED		
	BY INSURED	SUBCONTRACTED	EXPOSURE BASIS
<input type="checkbox"/> Boat Rental (LESS than 15 HP, Canoes, Kayaks, Paddle Boats, Row Boats)	<input type="checkbox"/>	<input type="checkbox"/>	# _____
<input type="checkbox"/> Boat Rental (MORE than 15 HP, Pontoon Boats, Ski Boats, Personal Watercraft)	<input type="checkbox"/>	<input type="checkbox"/>	# _____
<input type="checkbox"/> Docks/Boat Slips/Moorage/Storage	<input type="checkbox"/>	<input type="checkbox"/>	# _____
<input type="checkbox"/> Clubhouse/Community Room	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Dam, Levee, Dike	<input type="checkbox"/>	<input type="checkbox"/>	# _____
<input type="checkbox"/> Fitness Room (Complete Supplemental Section)	<input type="checkbox"/>	<input type="checkbox"/>	# _____
<input type="checkbox"/> Golf Course (Additional information may be required)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Golf Cart Rental (# of Golf Carts _____)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Lakes, ponds, retention ponds	<input type="checkbox"/>	<input type="checkbox"/>	Total AREA _____
<input type="checkbox"/> Marina (Complete Supplemental Section)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Restaurant/Bar (sq ft _____)	<input type="checkbox"/>	<input type="checkbox"/>	Food/Liquor:\$ _____/\$ _____
<input type="checkbox"/> Streets, roads maintained by the association	<input type="checkbox"/>	<input type="checkbox"/>	Total Miles _____
<input type="checkbox"/> Playground	<input type="checkbox"/>	<input type="checkbox"/>	# _____
<input type="checkbox"/> Pools	<input type="checkbox"/>	<input type="checkbox"/>	# _____
<input type="checkbox"/> Sauna / Hot tubs	<input type="checkbox"/>	<input type="checkbox"/>	# _____
<input type="checkbox"/> Snow Clearance			
<input type="checkbox"/> Sports Courts	<input type="checkbox"/>	<input type="checkbox"/>	# _____
<input type="checkbox"/> Vacant Land	<input type="checkbox"/>	<input type="checkbox"/>	Square Footage _____
<input type="checkbox"/> Valet Parking (Complete Supplemental Section)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other Commercial/Retail Tenants (other than office of the Property Manager):			
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	Square Footage _____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	Square Footage _____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	Square Footage _____

Are all retail, restaurant or other mercantile tenants located on either the first or second floor of the building? Yes No N/A
If no, which floor? _____

Do all subcontractors and/or commercial tenants carry liability limits at least equal to \$1,000,000? (attach copies) Yes No

If subcontractors/tenants are used, are contracts signed? (attach copies) Yes No

Is association listed as an additional insured on subcontractors'/tenants' insurance policy, indemnified and held harmless? Yes No

Are any of the above activities/amenities/pool/lake open to the public (non-member use)? Yes No

If Yes, please describe: _____

Do any activities take place off the association premises? Yes No If yes, please explain, including explanation of transportation: _____

ASSOCIATION OPERATIONS (Amenities & Recreation) - COMPLETE APPLICABLE SECTIONS

SWIMMING POOL(S): Check Here if Not Applicable

- Are any pools open (or rented) to the public? Yes No
- Are all pools enclosed by a fence that is at least 4-ft high with self-closing gate? Yes No
- Are depth markings clearly visible in and around all pools? Yes No
- Are pool rules clearly posted near all pools? Yes No
- If nighttime swimming is allowed, are pools lighted? Yes No
- Are lifeguards on duty? Yes No Are lifeguards certified? Yes No
- If certified, by whom: _____
- Do any pools have: Diving Boards? Yes No Slides? Yes No
- Do all pools with diving boards meet ANSI/NSPI-5 standards for depth & width? Yes No
- Are pools/spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No
- Is there an association sponsored swim team? Yes No

LAKE, POND OR RIVER: Check Here if Not Applicable

- Total Acreage of largest Lake: _____ Is swimming permitted? Yes No
- If yes, are swim areas enclosed and / or roped off? Yes No
- Is nighttime swimming allowed? Yes No
- If yes, describe lighting: _____
- _____
- Are lifeguards on duty? Yes No Are lifeguards certified? Yes No
- If certified, by whom: _____
- Is signage posted clearly stating the depth of water, no diving, no lifeguard on duty and the rules for the lake/pond, etc.? Yes No
- Are rescue vehicles available? Yes No
- Are mandatory wildlife warning signs posted? Yes No

FITNESS ROOM / HEALTH CLUB FACILITIES: Check Here if Not Applicable

- The Fitness Room / Health Club Facilities include (CHECK ALL THAT APPLY):
- hot tub(s), Jacuzzi or spa weight and fitness equipment free weights
- Are the facilities open to the public / public membership available? Yes No
- Are warnings and / or rules of use posted in all areas? Yes No
- Are the facilities maintained and inspected on a regular schedule Yes No
- If yes, please provide frequency: weekly monthly annually Other: _____

ASSOCIATION OPERATIONS (Amenities & Recreation) - COMPLETE APPLICABLE SECTIONS

MARINA: Check Here if Not Applicable

Does the marina have any fueling docks? Yes No If yes, distance between fueling dock(s) and boat storage and main berthing: _____

Fueling Docks are equipped with (CHECK ALL THAT APPLY):

heavy duty fire hoses portable dry chemical extinguishers emergency phones water hose(s) slick emulsifier(s)

Are all fuel dispensing units in accordance with NFPA 30, flammable and combustible liquid codes? Yes No

Are delivery nozzles equipped with self-closing control valves? Yes No

Are delivery nozzles properly bonded to shore electric grounding facilities? Yes No

Are pumps locked when not in use? Yes No

Are fueling regulation enforcement signs clearly posted? Yes No

VALET PARKING: Check Here if Not Applicable

Is valet service available to the public? Yes No Are keys held by the valet? Yes No

Are other services provided: Car Wash Oil Change Other, provide details: _____

Valet services operated by: Association Independent Contractor

CYBER-DATA COMPROMISE: Check Here if Not Applicable

Has the Association suffered a breach of personal information in the past 12 months? Yes No

Does the Association conduct background screens for prospective employees? Yes No

Is there a posted document retention/destruction policy in place? Yes No

Does the Association maintain regularly updated computer security measures (e.g. firewall, virus protection, secured wireless, etc)? Yes No

Are employee, customer, and other physical records maintained in a secure environment with limited access? Yes No

Is access to personal information restricted by job position? Yes No

Does the Association have a comprehensive Information Security and Privacy Policy? Yes No

Does the Association provide regular security training/information to all people who have access to personally identifying information (paper or electronic)? Yes No

Are all users issued unique IDs and passwords when connecting to or accessing the internal network? Yes No

*Include CyberOne (First Party Computer Attack Coverage / Third Party Network Security Liability Coverage)? Yes No

FRAUD WARNINGS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in HI

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in MA, NE, and VT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in MN

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

FRAUD APPS (2016/04)

I understand that Ian H. Graham Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures. I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct. I also understand that no insurance will be in effect unless and until the insurance company, or Ian H. Graham Insurance Group, Inc. as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or Ian H. Graham Insurance Group, Inc. as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)