



In Step with
Community
Associations

P&C SUPPLEMENTAL APPLICATION

Is account new business to your agency? ☐ Yes ☐ No

Date quote is needed: _____

Effective Date of Policy: _____

Association Name (as will appear on policy): _____

Insured Location/Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

Preliminary Underwriting Information Required:

- Ian H. Graham Application(s)
- Statement of Values – including specific information for each building including address, year built, construction, sq ft, occupancy and building limit
- Acord Application(s)
- Most recent 4 years of currently-valued loss runs (including current year)
- *Note: Include details on any losses with over \$25,000 incurred and if insured has more than two claims of same type provide any measures insured has taken to address frequency.*
- Most recent financial statements—including balance sheet and income statement
- Tenant list for office condominiums and/or if commercial exposures exist

Eligible Operations

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

Ineligible Operations for this program:

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

Submission Instructions:

To request an insurance quotation through this program, please submit the appropriate application(s) along with the preliminary underwriting information listed above. 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 quotation received. Please contact an IHG representative if you have any questions

Association Type

- | | |
|--|--|
| <input type="checkbox"/> Residential Condominium | <input type="checkbox"/> HOA (with residential buildings) |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> HOA (without residential buildings) |
| <input type="checkbox"/> Master Association | <input type="checkbox"/> Office Condominium (attach tenant list) |
| <input type="checkbox"/> Other: _____ | |

Applying For

- ☐ Package Policy (Property and General Liability)
- ☐ General Liability ONLY – No Property Coverage Needed
- ☐ Include Hired and Non-Owned Auto
- ☐ Commercial Auto
- ☐ 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: _____

Email Address: _____

Mailing Address*: _____

City: _____ State: _____

Zip: _____

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

Please email your submission to
submissions@ihginsurance.com

GENERAL INFORMATION

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

Property Management Company Name: (if applicable) _____

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.

Association/On Site Contact Person: _____ Phone: _____ Email: _____

☐ Professional Property Manager ☐ Member of the Board ☐ Unit Owner/Association is self-managed

Association Mailing /Billing Address: _____

City: _____ State: _____ Zip: _____

CURRENT INSURANCE PROGRAM INFORMATION

COVERAGE	POLICY TERM (mm/dd/yy-mm/dd/yy)	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, canceled or non-renewed? ☐ Yes ☐ No

Is the current Property or General Liability policy being non-renewed? ☐ Yes ☐ No

If Yes, to either of above, please provide details: _____

GENERAL EXPOSURE INFORMATION

Association Membership - Unit Count and Occupancy

Total Units # _____

Residential Units # _____

Commercial Units # _____

Vacant Units # _____

Are vacant units monitored and utilities upheld? ☐ Yes ☐ No

Bank Owned (Foreclosure) Units # _____

Subsidized Housing Units # _____

Owner Occupied Units # _____

Units Rented # _____

Are any units rented short-term/rental pool? ☐ Yes ☐ No

Student Occupied Units # _____

Is Association still being developed? ☐ Yes ☐ No

Units Owned by Developer # _____

Association Buildings and Coverage for Units

Residential Buildings # _____

Non-Residential Buildings # _____

Are any buildings on any historic registers, in historic districts or designated a historic landmark? ☐ Yes ☐ No

Indicate Coverage for Units:

☐ Bare Walls

☐ Original Specifications (Single Entity)

☐ Original Specifications and Additional Installations (All-In)

ASSOCIATION OWNED PROPERTY INFORMATION (ACORD Supplemental)

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

DEDUCTIBLE(S):

All covered causes of loss (per occurrence): ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ Other: \$ _____

PERIL SPECIFIC:

					Apply	
					Per Occurrence	Per Unit
Water Damage	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000 (per occ only)	<input type="checkbox"/>	<input type="checkbox"/>
Sewer Backup	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000 (per occ only)	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler Leakage	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000 (per occ only)	<input type="checkbox"/>	<input type="checkbox"/>
Ice Damming	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000 (per occ only)	<input type="checkbox"/>	<input type="checkbox"/>

	W&H % Per Building Deductible			W&H Per Occurrence Deductible		
Wind & Hail	<input type="checkbox"/> 1%	<input type="checkbox"/> 2%	<input type="checkbox"/> 5%	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$ _____

PROTECTIVE MEASURES:

CHECK ALL THAT APPLY:

	Smoke Detectors				Sprinklers			CO Detectors		
	N/A	Hardwired	Batteries	None	Wet	Dry	None	Hardwired	Batteries	None
In common areas (residential bldgs):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In residential units:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In clubhouse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In restaurant/commercial units:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there a fire alarm? ☐ Yes ☐ No ☐ N/A If Yes: ☐ local ☐ central station

If building(s) sprinklered, is the sprinkler system connected to centrally monitored alarm? ☐ Yes ☐ No ☐ N/A

Is there an annunciator panel? ☐ Yes ☐ No Are there fire hydrants on or near the premises? ☐ Yes ☐ No

Is there a manual pull box fire alarm? ☐ Yes ☐ No Are there functioning standpipes in the building? ☐ Yes ☐ No

Are there any buildings over three stories with common areas? ☐ Yes ☐ No

If Yes: Are there illuminated exit signs and emergency lighting? ☐ Yes ☐ No

Are interior stairwells masonry enclosed? ☐ Yes ☐ No

Are stairwells equipped with self-closing class B fire rated doors? ☐ Yes ☐ No

ELECTRICAL:

Is maintenance and/or updates to electrical system(s) the responsibility of the association? ☐ Yes ☐ No

If building(s) greater than 25 years old, last update to electrical (association controlled areas) Date: _____

Does the association have a generator for non-emergency use? ☐ Yes ☐ No If Yes, provide generating capacity: _____ kilowatt

Are circuits protected by circuit breakers? ☐ Yes ☐ No

Does any building have aluminum wiring? ☐ Yes ☐ No

If Yes, were repairs completed by a licensed electrical contractor? ☐ Yes ☐ No

Indicate method of repair: ☐ COPALUM connectors ☐ AlumiConn connectors

☐ Other - Provide Details: _____

Does any building have:

Stab Lok electrical panels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Zinsco electrical panels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ITE Pushmatic electrical panels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Knob and Tube wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuses?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If Yes, please provide details of any remediation of the above:

ASSOCIATION OWNED PROPERTY INFORMATION (ACORD Supplemental)

PLUMBING:

Is maintenance and/or updates to plumbing system(s) the responsibility of the association? ☐ Yes ☐ No

If building(s) greater than 25 years old, last update to plumbing systems (association controlled areas) Date: _____

Do all hot water tanks have drip trays with independent drain lines? ☐ Yes ☐ No

Does any building have:

Galvanized steel plumbing? ☐ Yes ☐ No Polybutylene plumbing? ☐ Yes ☐ No PEX plumbing? ☐ Yes ☐ No

If Yes, please provide details of any remediation of the above:

ROOFING:

Is maintenance and/or updates to roof(s) the responsibility of the association? ☐ Yes ☐ No

Roof Type:

☐ Asphalt/Composition

☐ Flat (Membrane)

☐ Flat (Tar and Gravel)

☐ Shingle Tile (Clay)

☐ Tile (Concrete)

☐ Wood Shake / Shingle

☐ Metal

☐ Atlas Chalet

☐ Other: _____

Date of Installation: _____

Warranty: ☐ Yes ☐ No If Yes, years: _____ Impact Rating: ☐ Yes ☐ No If Yes, class: _____

Are roofs inspected annually? ☐ Yes ☐ No

Do roofs have ice shields installed? ☐ Yes ☐ No

Is there any history of ice damming? ☐ Yes ☐ No

If Yes, please provide details: _____

Is there a roof replacement scheduled? ☐ Yes ☐ No

If Yes, please provide details (or attach replacement schedule):

HEATING, VENTILATION AND AIR CONDITIONING (HVAC):

Is maintenance and/or updates to HVAC system(s) the responsibility of the association? ☐ Yes ☐ No

If building(s) are greater than 25 years old, last update to HVAC systems (association controlled areas) Date: _____

Does any building have oil or gas burning heat source (furnace)? ☐ Yes ☐ No

If Yes, does the association require carbon monoxide detectors? ☐ Yes ☐ No

Does any building have wood burning fireplaces or stoves? ☐ Yes ☐ No

If Yes, are spark arrestors on all chimneys? ☐ Yes ☐ No

SIDING:

Does any building have:

Aluminum siding? ☐ Yes ☐ No

Vinyl siding? ☐ Yes ☐ No

Wood shake siding? ☐ Yes ☐ No If Yes, has it been treated with a fire retardant? ☐ Yes ☐ No Year: _____

EIFS stucco? ☐ Yes ☐ No If Yes, has there been any remediation? ☐ Yes ☐ No

T1-11 siding? ☐ Yes ☐ No If Yes, has there been any remediation? ☐ Yes ☐ No

Please provide details of any remediation of the above:

ASSOCIATION OWNED PROPERTY INFORMATION (ACORD Supplemental)

MISCELLANEOUS:

- Are there any known construction defects? ☐ Yes ☐ No If Yes, provide details: _____
- Is lead paint present in any building? ☐ Yes ☐ No If Yes, has it been encapsulated? ☐ Yes ☐ No
- Are there any railings less than 42 inches in height? ☐ Yes ☐ No
- Are there any horizontal railings? ☐ Yes ☐ No
- Are there any railings with baluster or spindle spacing widths greater than 4 inches? ☐ Yes ☐ No
- If Yes, please provide spacing width and details: _____
- Are there security bars on any windows? ☐ Yes ☐ No If Yes, are they equipped with interior quick-release mechanisms? ☐ Yes ☐ No
- Do any buildings have elevators? ☐ Yes ☐ No If Yes, total number of elevators: _____
- Does the association have a written policy/rule regarding grilling? ☐ Yes ☐ No
- Does the association allow grilling? ☐ Yes ☐ No
- If yes, check all that apply:
- ☐ Follows local ordinance/law regarding distance from building/overhangs ☐ No grilling allowed on balconies/covered spaces
- ☐ Grills/grilling at least _____ feet from buildings/overhangs ☐ No charcoal grills on combustible surfaces
- Types of grills allowed: ☐ Charcoal Grilling ☐ Propane/Methane Grilling ☐ Electric Grilling ☐ None

ASSOCIATION OPERATIONS (Amenities & Recreation) - COMPLETE APPLICABLE SECTIONS

OPERATED/ MAINTAINED

CHECK ALL THAT APPLY:	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"/>	Gross Sales: \$ _____
<input type="checkbox"/> Boat Rental (MORE than 15 HP, Pontoon Boats, Ski Boats, Personal Watercraft)	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales: \$ _____
<input type="checkbox"/> Docks/Boat Slips/Moorage/Storage	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales: \$ _____
<input type="checkbox"/> Clubhouse/Community Room (Complete Supplemental Section)	<input type="checkbox"/>	<input type="checkbox"/>	Total Area: _____
<input type="checkbox"/> Dam, Levee, Dike (Additional information may be required)	<input type="checkbox"/>	<input type="checkbox"/>	# _____
<input type="checkbox"/> Fitness Room (Complete Supplemental Section)	<input type="checkbox"/>	<input type="checkbox"/>	Total Area: _____
<input type="checkbox"/> Golf Course (Additional information may be required)	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales: \$ _____
<input type="checkbox"/> Golf Cart Rental (# of Golf Carts _____)	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales: \$ _____
<input type="checkbox"/> Lakes, ponds, retention ponds (Complete Supplemental Section)	<input type="checkbox"/>	<input type="checkbox"/>	# _____
<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 and/or roads maintained	<input type="checkbox"/>	<input type="checkbox"/>	Total Miles: _____
<input type="checkbox"/> Playground (Complete Supplemental Section)	<input type="checkbox"/>	<input type="checkbox"/>	# _____
<input type="checkbox"/> Swimming Pools (Complete Supplemental Section)	<input type="checkbox"/>	<input type="checkbox"/>	# _____
<input type="checkbox"/> Sauna / Hot tubs	<input type="checkbox"/>	<input type="checkbox"/>	# _____
<input type="checkbox"/> Snow Clearance (Accumulation stipulated for clearance to be performed: _____ inches)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Sports Courts	<input type="checkbox"/>	<input type="checkbox"/>	# _____
<input type="checkbox"/> Vacant Land	<input type="checkbox"/>	<input type="checkbox"/>	Total Acreage: _____
<input type="checkbox"/> Parking Garage/ Lot (Complete Supplemental Section)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other Commercial/Retail Tenants (other than office of the Property Manager) – Attach tenant list			Square Footage: _____
<input type="checkbox"/> Special Events or Other Community Association Sponsored Events (Complete Supplemental Section)			
<input type="checkbox"/> Helipads (Complete Supplemental Section)			

ASSOCIATION OPERATIONS (Amenities & Recreation) - COMPLETE APPLICABLE SECTIONS

Are any of the associations amenities / facilities open to the public (non-member use)? ☐ Yes ☐ No ☐ N/A

If Yes, please describe: _____

Does the association sponsor any sports teams, athletic contests or exhibitions? ☐ Yes ☐ No

Do any activities take place off the association premises? ☐ Yes ☐ No ☐ N/A

If Yes, please explain, including explanation of transportation: _____

Are certificates of insurance providing liability limits of at least \$1,000,000 and adding the association as an additional insured obtained from all:

Subcontractors: ☐ Yes ☐ No ☐ N/A If Yes, are contracts signed, which include mutual hold harmless agreement? ☐ Yes ☐ No ☐ N/A

Commercial Tenants? ☐ Yes ☐ No ☐ N/A If Yes, are contracts signed, which include mutual hold harmless agreement? ☐ Yes ☐ No ☐ N/A

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(s): _____

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/Guard | <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) | |

SWIMMING POOL(S): ☐ Check Here if Not Applicable

Are any pools open (or rented) to the public (non-residents)? ☐ 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

Is nighttime swimming allowed? ☐ Yes ☐ No If Yes, are pools lighted? ☐ Yes ☐ No

Are lifeguards on duty? ☐ Yes ☐ No If Yes, are lifeguards: ☐ Subcontracted ☐ Association Employees

If Yes, are lifeguards certified? ☐ Yes ☐ No If Yes, certified by whom: _____

Do any pools have: Diving Boards? ☐ Yes ☐ No Slides? ☐ Yes ☐ No If Yes, Height?: _____

Do all pools with diving boards meet ANSI/NSPI-5 standards for depth & width? ☐ Yes ☐ No ☐ N/A

Are pools/spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? ☐ Yes ☐ No

CLUBHOUSE: ☐ Check Here if Not Applicable

Activities (CHECK ALL THAT APPLY):

- | | | |
|--|--|---|
| <input type="checkbox"/> Meeting Room(s) | <input type="checkbox"/> Cooking Facilities | <input type="checkbox"/> Fitness/Workout Area |
| <input type="checkbox"/> Indoor Pool | <input type="checkbox"/> Retail Store/Pro Shop | <input type="checkbox"/> Spa |

Is the clubhouse rented? ☐ Yes ☐ No

If Yes, annual receipts: \$ _____

If Yes, rented to: ☐ Unit Owners ☐ Public Is a rental agreement used? ☐ Yes ☐ No

ASSOCIATION OPERATIONS (Amenities & Recreation) - COMPLETE APPLICABLE SECTIONS

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 ☐ Other: _____

Are the facilities open to the public / public membership available? ☐ Yes ☐ No ☐ N/A

If Yes, are waivers signed: ☐ 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

LAKES, PONDS OR RETENTION PONDS: ☐ Check Here if Not Applicable

Total Acreage of largest Lake: _____

Provide details on the following activities (CHECK ALL THAT APPLY):

Ice Skating:	Prohibited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signs posted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Boating:	Prohibited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signs posted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fishing:	Prohibited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signs posted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming:	Prohibited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signs posted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Lifeguards on duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restricted to controlled areas? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are all Lakes, Ponds or Retention Basins professionally maintained? ☐ Yes ☐ No

Are mandatory wildlife warning signs posted? ☐ Yes ☐ No

MARINA: ☐ Check Here if Not Applicable

Does the marina have any fueling docks? ☐ Yes ☐ No If Yes, complete the following:

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 ☐ N/A

Are delivery nozzles equipped with self-closing control valves? ☐ Yes ☐ No ☐ N/A

Are delivery nozzles properly bonded to shore electric grounding facilities? ☐ Yes ☐ No ☐ N/A

Are pumps locked when not in use? ☐ Yes ☐ No ☐ N/A

Are fueling regulations enforcement signs clearly posted? ☐ Yes ☐ No ☐ N/A

Distance between fueling dock(s) and boat storage and main berthing: _____

PARKING GARAGE / LOT: ☐ Check Here if Not Applicable

Parking Type /Exposure Basis (CHECK ALL THAT APPLY):

☐ Open Air Lot (Private Unit Owners Only)

☐ Open Air Lot (Open to Public) Gross Sales: \$ _____

☐ Garage (Open to Public) Gross Sales: \$ _____

☐ Garage (Private Unit Owners Only) Square Footage: _____

Is valet service available? ☐ Yes ☐ No

If Yes, valet services operated by: ☐ Association ☐ Independent Contractor Are keys held by the valet? ☐ Yes ☐ No

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

ASSOCIATION OPERATIONS (Amenities & Recreation) - COMPLETE APPLICABLE SECTIONS

PLAYGROUNDS: ☐ Check Here if Not Applicable

Does the playground include any of the following equipment? (CHECK ALL THAT APPLY):

- | | | |
|--|--|--|
| <input type="checkbox"/> Rope Swings | <input type="checkbox"/> Multiple Occupancy Swings | <input type="checkbox"/> Swinging Gates |
| <input type="checkbox"/> Giant Strides | <input type="checkbox"/> Heavy Metal Swings | <input type="checkbox"/> Climbing Ropes |
| <input type="checkbox"/> Trampolines | <input type="checkbox"/> Metal Gliders | <input type="checkbox"/> Merry-Go-Rounds |

Does the playground's surface include any of the following? (CHECK ALL THAT APPLY):

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Asphalt | <input type="checkbox"/> Carpet | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> CCA Treated Wood Much | <input type="checkbox"/> Shredded Tires | <input type="checkbox"/> Dirt / Grass |

Please provide photos of all playgrounds.

HELIPADS: ☐ Check Here if Not Applicable

Is there an enclosed interior stairway leading from the occupied floors to the helipad area, complete with a main door exit leading directly to the helipad area? ☐ Yes ☐ No

Is the helipad used for air taxis or other non-emergency transport? ☐ Yes ☐ No

Was the helipad installed as part of the original building design? ☐ Yes ☐ No

Is the helipad used for off-duty docking of aircraft? ☐ Yes ☐ No

Does any fueling or maintenance occur at the helipad? ☐ Yes ☐ No If Yes, please provide details: _____

Fire extinguishers present? ☐ Yes ☐ No If Yes, # of fire extinguishers: _____

Are the fire extinguishers rated ABC, minimum 25 lbs.? ☐ Yes ☐ No

Maximum travel distance to a fire extinguisher: ☐ 70' or less ☐ Greater than 70' ☐ N/A

SPECIAL EVENTS / ASSOCIATION SPONSORED EVENTS: ☐ Check Here if Not Applicable

Types of events (check all that apply):

☐ Sporting ☐ Fairs/Festivals ☐ Concerts ☐ Other (Describe: _____)

Frequency: ☐ Weekly ☐ Monthly ☐ Annual ☐ Other: _____

Number of Attendees / Participants: _____ Estimated Receipts: \$ _____

Are events open to the general public? ☐ Yes ☐ No

Where are events held? ☐ On premises ☐ Off premises ☐ Both

Is alcohol sold or served? ☐ Yes ☐ No If Yes, is there a need to obtain a liquor license? ☐ Yes ☐ No

Are third party vendors used? ☐ Yes ☐ No If Yes, are risk transfer and controls in place? ☐ 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 CA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 fine 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 inspection 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 condition 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)