



In Step with
Community
Associations

PROPERTY 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 Code: County:

ASSOCIATION TYPE – Please Select:

- Residential Condominium / Townhome
- Cooperative
- HOA (with residential buildings)
- Office Condominium (include tenant list)
- Other: _____

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.*

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 guidelines. Please email your submission to:

submissions@ihginsurance.com.

Preliminary Underwriting Information

- Ian H. Graham Property Supplemental Application
- Statement of Values – including specific information for each building including address, year built, construction, # of stories, occupancy, building limit and sq ft (including basements and garages)
- Most recent annual sprinkler inspection report (if sprinklered)
- Most recent 4 years of currently-valued loss runs (including current year). Note – include details on any losses with over \$50,000 incurred.
- Most recent financial statements – including balance sheet and income statement

Eligible Operations

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

Ineligible Operations for this program

- Apartment Complexes
- Housing Authorities
- Trailer or Mobile Homes and Parks
- Builder's Risk
- Subsidized Housing
- Limited Equity Cooperatives
- Industrial / Manufacturing Exposures
- Assisted Living Facilities
- Student Housing
- Associations under development

GENERAL INFORMATION

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

Property Management (PM) Company Name (if applicable):

PM Website:

Number of Years Association Managed by this PM:

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

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

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 Code:

CURRENT INSURANCE PROGRAM INFORMATION

COVERAGE	POLICY TERM (MM/DD/YY - MM/DD/YY)	COMPANY	LIMIT	DEDUCTIBLE	EXPIRING PREMIUM	TARGET PREMIUM
Property						
D&O						
Crime						

Has any insurance coverage ever been declined, canceled or non-renewed? Yes No

Is the current Property policy being non-renewed? Yes No

If Yes to either of the above please provide details:

GENERAL EXPOSURE INFORMATION

Association Membership – Unit Count and Occupancy

Total Number of Units

Residential Units

Commercial Units

Bank Owned (Foreclosure) Units

Owner Occupied Units

Student Occupied Units

Subsidized Housing Units

Units Rented

Are any units rented short-term / rental pool or available via VRBO / AirBNB? Yes No

Vacant Units

Are vacant units monitored and utilities upheld? Yes No

Developer Owned Units

Is the Association still being developed? Yes No

Association Buildings and Coverage for Units

Number of Residential Buildings

Number of 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

To be submitted with detailed Statement of Values. *Note: Below table not required if SOV includes the noted information.*

Loc # / Bldg #	Bldg Address / Occupancy	Construction Type	Year Built	# of Stories	# of Units	Basement Sq Ft	Garage Sq Ft	Total Sq Ft

Please provide an addendum if necessary.

DEDUCTIBLE(S):

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

PERIL SPECIFIC:

Water Related Perils (per occurrence)*: \$25,000 \$50,000 \$75,000 \$100,000 Other \$

*Applicable to Water Damage, Sewer Backup, Sprinkler Leakage and Ice Damming

Wind & Hail (per building): \$25,000 \$50,000 \$75,000 \$100,000 **OR** 2% 5% 10%

PROTECTIVE MEASURES:

CHECK ALL THAT APPLY

	Smoke Detectors				Sprinklers		
	N/A	Hardwired	Batteries	None	Wet	Dry	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"/>
In residential units:	<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"/>
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"/>
Are there fire hydrants on or near the premises?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do building(s) have: A fire alarm?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes: <input type="checkbox"/> Local <input type="checkbox"/> Central Station
A manual pull box fire alarm?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there any buildings over three stories with common areas?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, are there: Illuminated exit signs and emergency lighting?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Annunciator panels?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Functioning standpipes in the building(s)?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Masonry enclosed interior stairwells?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Stairwells equipped with self-closing class B fire rated doors?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If any building(s) are sprinklered:							
Is the sprinkler system connected to centrally monitored alarm?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there an annual servicing contract with a qualified sprinkler service company?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of last sprinkler inspection: <input type="text"/> (please provide a copy of latest inspection report)							

ELECTRICAL:

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

Year of latest update / improvement to electrical system(s):

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:

ELECTRICAL: (con't)

Does any building have:

- Stab Lok electrical panels? Yes No Zinsco electrical panels? Yes No
- ITE Pushmatic electrical panels? Yes No Knob and Tube wiring? Yes No
- Fuses? Yes No Square D panels (2020 or later)? Yes No

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

PLUMBING:

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

Year of latest update / improvement to plumbing system(s):

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

Does any building have any of the following:

- Galvanized steel? Yes No Polybutylene? Yes No PEX? 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, # of years:

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

Year of latest update / improvement to HVAC system:

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:

MISCELLANEOUS:

Are there any known construction defects? Yes No If Yes, please provide details:

Is the association currently engaged in major renovations or restructuring (repair of foundation issues)? Yes No

If Yes, please provide details:

- 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 bldgs / overhangs Not allowed on balconies / covered spaces
 - Grills / grilling at least feet from bldgs / overhangs No charcoal grills on combustible surfaces
- Types of grills allowed: Charcoal Grilling Propane/Methane Grilling Electric Grilling None
- Does any proposed insured or premises provide, maintain or include any of the following (CHECK ALL THAT APPLY):
 - Abortion Clinics
 - Adult Entertainment / Nightclubs
 - Airstrips / Hangers
 - Armed Security Services / Guard
 - Daycare Services
 - Dams / Levees / Dikes
 - Equestrian Activities / Stables
 - Grain / Seed / Fertilizer Storage Silos
 - Halfway Houses
 - Hunting / Archery / Shooting Ranges
 - Hotels
 - Livestock
 - Marinas, Piers, Docks & Wharves
 - Police / Fire Services
 - Ski Areas (Snow, Water or Jet)
 - Water / Sewage Treatment
 - Hospital / Healthcare Clinics / Medical / Nursing Facilities (other than Dr's Offices)

WARRANTY AND SIGNATURES:

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 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 conditions contained in the insurance quotation provided are accepted.

Date: By:
Authorized Association Representative Signature *Print Name & Title*

Submitting Broker Name: Contact:

SEND SUBMISSIONS TO: submissions@ihginsurance.com