



Program Administrator:
CREPE Umbrella Program
 P.O. Box 9017 135 Crossways Park Drive
 Woodbury, NY 11797
 Phone: (516) 417-5125 / Fax: (888) 290-0302
www.crepeumbrella.com

Submitted By:
 Agency: _____
 Address: _____

 Contact: _____
 Phone/Fax: () _____ - _____ () _____ - _____
 E-Mail: _____

“LRO” Real Estate & Hospitality Umbrella Program Application for Insurance & Purchasing Group Membership

Applicant Information & General Information Section

Applicant name: _____

Effective Date: _____ Expiration Date: _____

Mailing address: Street: _____ City: _____ State: _____ Zip Code: _____

Limits: \$5MM \$10MM \$15MM \$25MM \$35MM \$50MM \$100MM \$175MM \$200MM

Web site address: www._____

Description of operations: _____

Does the Applicant have any subsidiaries with operations that are different than the Applicant? Yes No

Ratable Exposures Section – General Liability & Liquor Liability

Blanks will be interpreted as “0.”

Habitational Section

Apartment units - In bldgs. 1 - 3 stories: _____

Apartment units - In bldgs. 4 – 7 stories: _____

Apartment units - In bldgs. 8 or more stories: _____

Condo. / co-op units - In bldgs. 1 - 3 stories: _____

Condo. / co-op units - In bldgs. 4 – 9 stories: _____

Condo. / co-op units - In bldgs. 10 or more stories: _____

Single-family home HOA/PUD/POA units: _____

Hotel / Motel Section

H/Motel units - In bldgs. 1 – 4 stories: _____

H/Motel units - In bldgs. 5 - 11 stories: _____

H/Motel units - In bldgs. 12 or more stories: _____

Food receipts: \$ _____

Liquor receipts: \$ _____

Room receipts: \$ _____

Commercial Section

Commercial – Retail square footage: _____

Commercial – Office square footage: _____

Commercial – Warehouse / storage sq. footage: _____

Commercial – Light Industrial square footage: _____

Any commercial condominium exposure? Yes No

Miscellaneous Section

Insured's office square footage: _____

Acres vacant land: _____

Boat slips: _____

Pool Section

Pools: _____

Diving boards: _____

Pool slides: _____

Ratable Exposures & Information Section – Automobile Liability

Blanks will be interpreted as “0.”

Vehicle Type:	# Units:	Describe Use:	Notes:
PPTs			This category includes SUVs and non-commercial “pick-up” trucks.
Light			This category includes vehicles 0–10,000 lbs., 1-8 passenger vans, and commercial “pick-up” trucks.
Medium			This category includes vehicles 10,001-20,000 lbs. and 9-20 passenger vans.
Livery (<14)			This category includes livery vehicles that contain 14 or less passengers.
Livery (15+)			This category includes livery vehicles that contain 15 or more passengers.
Buses (20+)			This category is limited to busses that contain more than 20 passengers.
Other:			Describe:

Please provide us with a list of the vehicles, along with their makes, models, and a note regarding whether they are registered commercially.

Automobile Information Section

1. Is there a valet service? 1. Yes No
 (If "Yes," please complete our "Valet Supplemental.")
2. Are any transportation services provided by Applicant? 2. Yes No

Expiring Umbrella Section

Current Umbrella Carrier: _____ Limit: \$ ____ MM Premium: \$ _____

Renewal Quotes Option #1: Carrier: _____ Limit: \$ ____ MM Premium: \$ _____
 Option #2: Carrier: _____ Limit: \$ ____ MM Premium: \$ _____

Named Insureds & Insured Locations Section

Please complete the attached electronic "Schedule - Named Insureds" and "Schedule - Insured Locations." These schedules become a material part of the application for insurance.

Loss Experience Section – Policy Year Aggregate Losses

Blanks will be interpreted as "0."

- New purchase or new construction. Hence, no claims information available. Please move on to the next section.
 No claims in past five (5) years. Please move on to the next section.

For each year, please indicate the "Incurred" losses (i.e. - Paid + Reserved).

	Current Year:		First Prior:		Second Prior:		Third Prior:		Fourth Prior:	
	# Claims:	Incurred:	# Claims:	Incurred:	# Claims:	Incurred:	# Claims:	Incurred:	# Claims:	Incurred:
General Liability		\$		\$		\$		\$		\$
Automobile Liability		\$		\$		\$		\$		\$
Liquor Liability		\$		\$		\$		\$		\$
D&O / EPLI		\$		\$		\$		\$		\$

Note: Three years of loss runs are required, but aggregate loss information must be summarized above. Please do not write "See Attached" in the fields above.

1. Have there been any mold claims (liability) made against the insured in the past three (3) years? 1. Yes No
 2. Have there been any lead claims made against the insured in the past three (3) years? 2. Yes No

Underlying Insurance Program

Blanks will be interpreted as "0."

<u>Policy Type:</u>	<u>Insurer & Policy #:</u>	<u>Limits:</u>	<u>Premium:</u>	<u>Policy Period:</u>
General Liability	Insurer: _____ Pol. #: _____	__ MM Per Occurrence __ MM Annual Aggregate __ MM Prod. / Comp. Ops Aggregate	\$ _____	__ / __ / __ - __ / __ / __
Automobile Liability / H&NO Auto. Liab.	Insurer: _____ Pol. #: _____	__ MM	\$ _____	__ / __ / __ - __ / __ / __
Employers Liability	Insurer: _____ Pol. #: _____	__ K / __ K / __ K	\$ _____	__ / __ / __ - __ / __ / __
Liquor Liability	Insurer: _____ Pol. #: _____	__ MM	\$ _____	__ / __ / __ - __ / __ / __
D&O / EPL Liability	Insurer: _____ Pol. #: _____	__ MM	\$ _____	__ / __ / __ - __ / __ / __
Other:	Insurer: _____ Pol. #: _____	__ MM / __ MM	\$ _____	__ / __ / __ - __ / __ / __

Other: _____	Insurer: _____ Pol. #: _____	__ MM / __ MM	\$ _____	__ / __ / __ - __ / __ / __
--------------	---------------------------------	---------------	----------	-----------------------------

Underlying Policy Questions

- Does the primary Automobile Liability or General Liability policy cover Hired & Non-Owned Automobile Liability? Yes No
- Do any of the underlying policies provide Personal Liability coverage to Applicant? (e.g. – Personal Automobile Liability coverage, Homeowners Liability coverage, etc.) Yes No
- Underlying General Liability Policy questions
 - Are the Defense Costs Outside the Limits on the GL policy? Yes No
 - Do the aggregates apply on a “per location” basis, if this risk is a multiple-location risk? Yes No
 - Does the GL policy contain an SIR? Yes No If “Yes,” what is it? \$ _____
 - Does the GL policy contain a deductible? Yes No If “Yes,” what is it? \$ _____
 - Is the GL Aggregate capped? Yes No If “Yes,” what is the cap? \$ _____

Underlying Policy Requirements

- The following underlying policies must be written on an Occurrence-form basis: General Liability; Automobile Liability; and, Employers Liability.
- The following underlying policies must be written on an Claims-Made-form basis: Directors & Officers Liability; Employee Benefits Liability.

Contractor & Construction Section

- Does Applicant obtain written contracts from contractors doing *significant* work on the Applicant's premises? 1. Yes No
 If “Yes,” under those contracts, is Applicant...
 - Held harmless by said contractors? 1. (a) Yes No
 - Indemnified for the acts of said contractors? 1. (b) Yes No
 - Provided Additional Insured status under said contractors' liability insurance policies? 1. (c) Yes No
 - Provided “certificates of Insurance” evidencing that said contractors have at least \$1MM of liability insurance? 1. (d) Yes No
- Are any of the buildings on the schedule currently under construction (*beyond build-out, repair and/or maintenance*)? 2. Yes No

Miscellaneous Exposures Section

- Does Applicant have security guards? 1. Yes No
(If “Yes,” please complete our “Security Guard Supplemental.”)
- Do any locations contain day care centers? 2. Yes No
- Are there any other exposures of which we should be aware? (e.g. – golf courses, equestrian exposures, skate parks, aviation exposures, etc.) 3. Yes No
 If “Yes,” please provide details: _____

Marine Exposures Section

Does Applicant have any of the following exposures? Not applicable – Insured does not have any of the following exposures.

- | | | | | |
|-------------------------------------|-------------------------------------|---|---|----------------------------------|
| <input type="checkbox"/> Docks | <input type="checkbox"/> Piers | <input type="checkbox"/> Marinas | <input type="checkbox"/> Dams | <input type="checkbox"/> Beaches |
| <input type="checkbox"/> Boat slips | <input type="checkbox"/> Watercraft | <input type="checkbox"/> Marina exposures | <input type="checkbox"/> Lakes or ponds | |

If there are dams, please complete our “Dam Supplemental.”

If there are lakes, ponds, or beaches, please complete our “Lakes, Ponds & Beaches Supplemental.”

If there are watercraft, please complete our “Watercraft Supplemental.”

If there are marina exposures, please complete our “Marina Supplemental.”

Prohibited Exposures Section

Does Applicant have any of the following prohibited exposures?

Medical Related

- | | |
|--|---|
| 1. <u>Nursing homes</u> , extended care facilities, or assisted living facilities? | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. <u>Hospitals or surgery centers</u> ? | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. <u>Rehabilitation</u> facilities? | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |

Activity Related

- | | |
|--|---|
| 1. <u>Businesses or locations not related</u> to the ownership or management of habitational or income-producing properties? | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

Follow Form Lead and Follow Form Mold Section

- | | | | |
|--|--|---------------------------------|-----------------------------------|
| 1. How does the underlying GL policy respond as respects Lead? | <input type="checkbox"/> Affirmative Grant | <input type="checkbox"/> Silent | <input type="checkbox"/> Excluded |
| 2. How does the underlying GL policy respond as respects Mold? | <input type="checkbox"/> Affirmative Grant | <input type="checkbox"/> Silent | <input type="checkbox"/> Excluded |

Miscellaneous Section

- | | |
|---|--|
| 1. Has a GL carrier <u>inspected</u> all locations <u>in excess of (3) stories</u> in the past (3) Years? | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. Do any locations contain? | |
| <input type="checkbox"/> <u>Subsidized or low-income</u> housing | <input type="checkbox"/> <u>Student housing or dorms</u> |
| <input type="checkbox"/> <u>Rooming or boarding</u> houses | <input type="checkbox"/> Buildings where <u>more than 20%</u> of the units are rented by <u>students</u> |
| <input type="checkbox"/> <u>Single Room Occupancy (SRO)</u> | <input type="checkbox"/> <u>Senior housing</u> |
| <input type="checkbox"/> <u>Religious Institutions</u> | <input type="checkbox"/> <u>Night Clubs</u> |
| 3. Are any apartment buildings located in the <u>Bronx, NY</u> ? | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are any apartment buildings <u>owned</u> or operated by <u>nonprofit entities</u> (e.g. – locations for the elderly or infirm owned or operated by religious or charitable organizations)? | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are there any locations at which <u>meals are served to residents</u> ? | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Does Applicant own or lease apartment units in buildings <u>owned by third parties</u> ? | 6. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Is there a parking garage with <u>more than 300 parking spaces</u> at any location? | 7. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are all buildings at least <u>70% occupied</u> ? | 8. <input type="checkbox"/> Yes <input type="checkbox"/> No |

Life Safety Section

General Questions

- | | |
|---|---|
| 1. Are there any outstanding <u>mandatory</u> (a.k.a. - "critical") loss control recommendations? | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do all buildings comply with property statutes, <u>local and state ordinances</u> , and <u>building codes</u> ? | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Buildings with <u>interior corridors</u> (NFPA 101 questions) <input type="checkbox"/> Not applicable – Buildings do <u>not</u> have interior corridors. | |
| (a) Do corridors contain <u>lighted exit signs</u> and <u>emergency lighting</u> that illuminates means of egress? | 3. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Are the emergency lighting systems <u>tested</u> at least once (1x) annually? | 3. (b) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Are <u>exit signs clearly marked</u> ? | 3. (c) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Are there <u>two (2) means of egress</u> per floor? | 3. (d) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) Are all exit doors <u>unlocked and unobstructed</u> ? | 3. (e) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (f) Do all stairwells contain <u>self-closing fire doors</u> ? | 3. (f) <input type="checkbox"/> Yes <input type="checkbox"/> No |

Uninsured & Underinsured Motorists Liability Coverage Options Selector

- I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will have no Uninsured or Underinsured Motorists Liability coverage.
- I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will be surcharged \$50,000.00 for this coverage.

Terrorism Liability Options Selector

- I decline to purchase Terrorism Risk Insurance Act ("TRIA") Liability coverage. I understand that I or the organization which I represent will have no coverage for losses arising from acts of terrorism.
- I would like to purchase Terrorism Risk Insurance Act ("TRIA") Liability coverage. I understand that I or the organization which I represent will be surcharged for this coverage [TRIA charges: (1) American Alternative Insurance Corporation – 10%; (2) American International Specialty Lines Insurance Company – included in premium; (3) Federal Insurance Company – 2%; (4) Lexington Insurance Company – Included in premium; (5) St. Paul Fire And Marine Insurance Company – included in premium).

Anti-Fraud Agreement, Insurance Terms & Conditions & Agreement, Membership Terms & Conditions (Including Fee Disclosure) & Agreement

The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Information And Statements Set Forth In This Application (Including The Supplemental Applications And Schedules) Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application, The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges (If Applicable) When Due; (6) That Any Additional Materials Or Information Supplied By Applicant Or Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance (e.g. – Including, But Not Limited To, Supplementals, Schedules & ACORD Applications) Become A Material Part Of The Application For Insurance; (7) That This Application Which It Signs Is The Basis Of The Contract [Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (Hereinafter "EOI")], Whether Or Not Said Application Is Attached To The Policy &/Or EOI; (8) That This Application Is A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (9) That This Application Is Considered Attached To The Policy &/Or EOI For Legal Purposes, Whether Or Not It Is Physically Or Electronically Attached To The Policy &/Or EOI.

Disclosure Regarding Shared Limits. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant To Terrorism Risk Insurance Act Of 2002. By Signing Below, Applicant Agrees That It Has Read And Understands The "Disclosure Pursuant To The Terrorism Risk Insurance Act Of 2002" Which Appears At www.purchasinggroups.com .

To Learn More. Please Visit www.purchasinggroups.com, Which Contains More Information About Your Purchasing Group And Purchasing Groups, In General, As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGUs' Income, And Your Insurance Broker's Income.

_____, 20____
Signature of Applicant Date

_____, 20____
Signature of Insurance Broker Date

Print Name: _____

Print Name: _____

Title: _____

Title: Insurance Broker