



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:
<b>General Liability</b>		\$		\$		\$		\$		\$
<b>Automobile Liability</b>		\$		\$		\$		\$		\$
<b>Liquor Liability</b>		\$		\$		\$		\$		\$
<b>D&amp;O / EPLI</b>		\$		\$		\$		\$		\$

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 &amp; 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	\$ _____	__ / __ / __ - __ / __ / __
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### 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. Nursing homes, extended care facilities, or assisted living facilities?
2. Hospitals or surgery centers?
3. Rehabilitation facilities?

1.  Yes  No
2.  Yes  No
3.  Yes  No

### Activity Related

1. Businesses or locations not related to the ownership or management of habitational or income-producing properties?

1.  Yes  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](http://www.purchasinggroups.com); (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At [www.purchasinggroups.com](http://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](http://www.purchasinggroups.com) .

**To Learn More.** Please Visit [www.purchasinggroups.com](http://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**

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_  
**Signature of Insurance Broker**                      **Date**

**Print Name:** \_\_\_\_\_

**Title:** Insurance Broker