



Max Specialty

CONDOMINIUM ASSOCIATION SUPPLEMENTAL APPLICATION

AGENCY INFORMATION

GENERAL LIABILITY:

1. APPLICANT INFORMATION EFFECTIVE DATE: _____

ASSOCIATION NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ WEBSITE: _____

TERM: _____ YEARS IN BUSINESS: _____ NEW VENTURE: YES NO

2. INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) _____

3. IS THIS A MASTER ASSOCIATION? YES NO

4. DOES ANY BUILDER SIT ON THE BOARD OF DIRECTORS YES NO

5. TOTAL NUMBER OF UNITS IN COMPLEX _____

NUMBER OF BUILDINGS IN COMPLEX _____

NUMBER OF FLOORS IN BUILDINGS _____

ARE THERE GUARD RAILS ON BALCONIES? YES NO

IF YES, DISTANCE BETWEEN RAILS _____

6. ARE THE UNITS ALL OWNER-OCCUPIED? YES NO

IF NO, PLEASE ANSWER THE FOLLOWING:

WHAT % ARE RENTALS? _____%

PERCENTAGE LONG TERM (OVER 30 DAYS) _____%

PERCENTAGE SHORT TERM (UNDER 30 DAYS) _____%

WHO HANDLES THE RENTALS? THE ASSOCIATION UNIT OWNER OTHER _____

DOES THE ASSOCIATION RECEIVE REVENUES FROM THE RENTALS? YES NO

IF YES, LIST ANNUAL REVENUE \$ _____

DOES THE ASSOCIATION PROVIDE MAINTENANCE TO RENTAL UNITS? YES NO

7. ARE THERE ANY COMMERCIAL OCCUPANCY? YES NO

IF YES, PLEASE DETAIL _____

SQUARE FOOTAGE _____

8. ARE THE BUILDINGS SPRINKLERED? YES NO
 IF PARTIALLY SPRINKLERED, LIST AREAS THAT ARE SPRINKLERED _____

9. ARE ALL UNITS EQUIPPED WITH SMOKE ALARMS? YES NO
 HARD WIRED? YES NO
 BATTERY OPERATED? YES NO
 IF BATTERY OPERATED, IS THERE A PROGRAM IN PLACE FOR BATTERY MAINTENANCE? YES NO
 ARE COMMON AREAS AND HALLWAYS EQUIPPED WITH SMOKE ALARMS? YES NO

10. WHEN WERE THE BUILDINGS CONSTRUCTED? _____
 IF OVER 25 YEARS OLD, DATE THE ELECTRIC WAS UPDATED? _____
 IF OVER 25 YEARS OLD, DATE THE ROOF WAS UPDATED? _____
 IF OVER 25 YEARS OLD, DATE THE PLUMBING WAS UPDATED? _____
PROOF OF UPGRADES MUST BE PROVIDED IF BOUND.
 CONSTRUCTION CLASS: _____

11. ARE THE BUILDINGS EQUIPPED WITH ELEVATORS? YES NO
 NUMBER OF ELEVATORS PER BUILDING: _____
 NAME OF THE ELEVATOR MAINTENANCE CONTRACTOR: _____ (COI MUST BE PROVIDED)

12. DOES THE ASSOCIATION HAVE A SWIMMING POOL? YES NO
 NUMBER OF POOLS _____
 IS THE POOL FENCED WITH A SELF-CLOSING, SELF-LATCHING GATE? YES NO
 IS THERE A DIVING BOARD OR SLIDE? YES NO
 IS THERE A LIFEGUARD? YES NO
 WHAT ARE THE POOL HOURS? _____
 WHAT ADDITIONAL RECREATIONAL FACILITIES ARE OFFERED BY THE ASSOCIATION? _____

13. IS THERE A SECURITY GUARD ON THE PREMISES? YES NO
 IF YES, IS THE GUARD ARMED? YES NO
 ARE SECURITY SERVICE PROVIDERS USED? YES NO
 ARE CERTIFICATES SECURED? (MUST PROVIDE) YES NO
 NAME OF SECURITY SERVICE? _____

14. IS THIS A GATED COMMUNITY? YES NO
 WHAT HOURS ARE THE GATES MANNED? _____

15. ARE PARKING LOTS/GARAGES ENCLOSED? YES NO
 ARE THERE ELECTRONIC GATES? YES NO

16. ARE THERE LAKES OR BODIES OF WATER ON PREMISES? YES NO

17. ARE THERE DOCKS, SLIPS, OR PIERS OWNED OR CONTROLLED BY THE ASSOCIATION? YES NO
 NUMBER OF SLIPS, DOCKS, OR PIERS? _____
 DESCRIPTION OF DOCKS/PIERS? _____
18. ARE CERTIFICATES OF INSURANCE REQUIRED OF OUTSIDE SERVICE PROVIDERS? YES NO
 WHAT LIMITS OF LIABILITY ARE REQUIRED? _____
19. ARE BUSINESS PURSUITS OTHER THAN ASSOCIATION BUSINESS CONDUCTED FROM THE PREMISES? YES NO
 IF YES, PLEASE EXPLAIN _____
20. HAVE THERE BEEN ANY LOSSES INVOLVING VIOLENT CRIMES? YES NO
 IF YES, PLEASE EXPLAIN _____
21. WHAT IS THE PROJECTED REVENUE OF THE ASSOCIATION? \$ _____
22. IS THERE A SEWAGE TREATMENT PLANT OWNED OR CONTROLLED BY THE ASSOCIATION? YES NO
 IS IT OPERATED BY AN OUTSIDE CONTRACTOR? YES NO
 ARE CERTIFICATES OF INSURANCE SECURED? YES NO
 WHAT LIMITS ARE REQUIRED? YES NO
 DO YOU REQUIRE THEM TO NAME YOU AS AN ADDITIONAL INSURED? YES NO
 NAME OF SEWAGE TREATMENT PLANT OPERATOR? _____
 IS SEWAGE TREATMENT PLANT COMPLETELY FENCED? YES NO
23. ARE THERE ANY SIGNED CONTRACTS FOR SERVICES OF ANY KIND FROM A LAW ENFORCEMENT AGENCY (POLICE OR SHERIFF) OR MUNICIPALITY? YES NO
 IF YES, PLEASE LIST _____

NON-OWNED & HIRED AUTOMOBILE:

1. DO ANY EMPLOYEES REGULARLY USE THEIR AUTOMOBILES IN YOUR BUSINESS? YES NO
 DO YOU (AS AN EMPLOYER) REQUIRE EMPLOYEES TO MAINTAIN ADEQUATE LIMITS OF LIABILITY OF AT LEAST \$100,000/\$300,000 B.I., \$100,000 P.D. OR A CSL OF \$400,000? YES NO
2. EXPLAIN THE TYPE OF CONTROLS YOU MAINTAIN _____

3. ANY LOSSES? YES NO
 IF YES, EXPLAIN _____

EQUIPMENT COVERALL (BOILER & MACHINERY COVERAGE)

1. WHAT IS THE 100% BUILDING REPLACEMENT VALUE? _____
2. IS THERE A BOILER/WATER HEATER THAT REQUIRES STATE CERTIFICATES? YES NO
 STATE NUMBER OF OBJECTS _____
3. IS THE EQUIPMENT THAT SERVICES THE BUILDING OVER 10 YEARS OLD? YES NO
4. DO YOU HAVE CENTRAL FACILITIES FOR THE HEATING AND AIR? YES NO

UMBRELLA:

1. WHAT LIMIT WOULD YOU LIKE QUOTED? _____

2. DOES THE ASSOCIATION HAVE PAID EMPLOYEES? YES NO
NUMBER OF PAID EMPLOYEES? _____

3. IS A WORKERS COMPENSATION POLICY IN EFFECT? YES NO
WHAT COMPANY IS PROVIDING COVERAGE? _____
POLICY PERIOD? _____
EMPLOYERS LIABILITY LIMITS? (MUST BE AT LEAST \$500/500/500) _____

4. IS THERE A D&O POLICY IN EFFECT? YES NO
WHAT LIMIT? (MUST BE AT LEAST \$2 MIL TO BE INCLUDED IN THE UNDERLYING) _____

1. APPLICANT SIGNATURE: _____ DATE: _____

2. PRODUCER NAME: _____

ADDRESS: _____