**Condominium/Cooperative Supplemental Application**

|  |  |
| --- | --- |
| Named insured |  |
| Location address |  |

**Complex Information**

|  |  |
| --- | --- |
| Number of buildings within the complex? |  |
| Approximate distance between buildings? |  |
| Is a statement of values per building included with the submission? | Yes  No |
| Is a plot plan included with the submission? | Yes  No |

**Building Information**

|  |  |
| --- | --- |
| Are stoves in living units gas or electric? | Gas  Electric |
| Do the units have wood burning fireplaces or stoves? | Yes  No |
| Do the windows or doors contain security bars? | Yes  No |
| If yes, are they equipped with breakaway release mechanisms? | Yes  No N/A |
| Are there any railings with greater than 6 inch openings? | Yes  No |
| Does the property meet all local zoning codes? | Yes  No |

**Building Systems**

|  |  |
| --- | --- |
| Is the community heated by electric baseboard heat? | Yes  No |
| Does any part of the complex use fuses as over-current protection? | Yes  No |
| Does building have FPE Stab-Lok type electrical panels? | Yes  No |
| Is aluminum wiring present? | Yes  No |
| If yes, is it properly pig-tailed? | Yes  No N/A |
| If yes, when was the complex retrofitted? | N/A |
| In what year was the roof covering last replaced? |  |
| Is the roof wood shake? | Yes  No |
| What type of roof cover is used? (asphalt, tile, slate, tar & gravel) | Tile |
| Do the buildings have wood shake siding? | Yes  No |

**Fire Protection**

|  |  |
| --- | --- |
| Is the building sprinklered? | Yes  No |
| If yes, what percentage is covered? | N/A |
| If yes, does the sprinkler system contain earthquake bracing? | Yes  No N/A |
| Does the building contain standpipes? | Yes  No |
| Are fire extinguishers present in common areas? | Yes  No |
| Is all fire protection equipment covered by a service contract for maintenance? | Yes  No |

**Life Safety**

|  |  |
| --- | --- |
| Are smoke detectors battery operated or hardwired? | Battery  Hard Wired |
| Is there a fire alarm? | Yes  No |
| Is it centrally monitored? | Yes  No |
| Is there an enunciator panel? | Yes  No |
| Do all units have carbon monoxide detectors? | Yes  No |
| Are exit signs illuminated? | Yes  No |
| Is emergency lighting present? | Yes  No |
| Are evacuation procedures posted? | Yes  No |
| Do living units discharge directly to outside? | Yes  No |
| If no, does the common area have two means of egress? | Yes  No N/A |

**Additional Exposure**

|  |  |
| --- | --- |
| Is there any mercantile or non-residential exposure present? | Yes  No |
| If yes, what is the non-residential square footage? | N/A |
| Does the non-residential area contain any high hazard exposure? | Yes  No N/A |
| Does the non-residential area contain commercial cooking exposure? | Yes  No N/A |
| If yes, is it properly protected with hood and duct and ansul system? | Yes  No N/A |
| Is there a clubhouse/recreation room? | Yes  No |
| If yes, what is the square footage? | N/A |
| Is there underground parking or an indoor parking garage? | Yes  No |
| If yes, the approximate square footage? | N/A |
| Is there a pool or spa present? | Yes  No |
| If yes, how many? | N/A |
| If yes, are depth markers clearly visible? | Yes  No N/A |
| If yes, is it fenced with a self latching gate? | Yes  No N/A |
| If yes, is there a diving board or slide? | Yes  No N/A |
| Is there a playground? | Yes  No |
| Are there any ponds, lakes or streams on the property? | Yes  No |
| Are there any owned docks, marinas or boat slips? | Yes  No |
| Is there any community cooking facilities? | Yes  No |
| Is there a community laundry room? | Yes  No |
| Is there any facility on the property which involves the care or control of children? | Yes  No |
| Is there armed security? | Yes  No |
| Are any transportation services provided? | Yes  No |
| Is charcoal grilling permitted on balconies? | Yes  No |
| Are any other amenities or recreational activity facilities present? | Yes  No |
| If yes, what type? | N/A |

**Occupancy**

|  |  |
| --- | --- |
| Vacancy rate? |  |
| Estimated % of units in foreclosure? |  |
| Estimated % of units that are owner occupied? |  |
| Is this a seasonal complex? | Yes  No |
| Estimated % of units that are rented? |  |
| Are rented units leased on a long term basis? | Yes  No |
| Average length of lease for a rented unit? |  |
| Is this a senior living complex? | Yes  No |
| If yes, are any medical, transportation or food services provided? | Yes  No N/A |

**Other Information**

|  |  |
| --- | --- |
| Is the complex managed by a third party management firm? | Yes  No |
| Are subcontractors allowed to work without providing you with a COI? | Yes  No |
| Do your subcontractors carry coverage’s or limits less than yours? | Yes  No |
| Are the streets owned and maintained by the association? | Yes  No |
| Are any units owned by the developer? | Yes  No |
| If yes, how many? | N/A |
| Are unit owners required to maintain insurance on their individual units? | Yes  No |
| Are there any owned automotive vehicles? Please provide year, make model and usage: | Yes  No |
| Are hold harmless agreements in the insureds favor in place for all contractors working on the insured premises and for any commercial tenants? | Yes  No |
| Does any insured own or manage any other properties? | Yes  No |

Signature(s) – owner, insured, applicant

The signature below constitutes acknowledgment of information provided on this supplemental application and any other application or forms that may have been included as part of the application for insurance. This may include but is not limited to various Acord forms, a statement of values, a schedule of locations and/or a lead supplemental application.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Signature |  | Signature |  |
| Date |  | Date |  |

Any person who knowingly and with the 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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: Substantial] civil penalties, (not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, Insurance benefits may also be denied).