**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).