Submit with ACORD 125/126/140, Statement of Values, 4 years currently-valued loss runs, photos, latest sprinkler inspection report, and current financial statements.

ASSOCIATION LEGAL NAME (AS IT WILL APPEAR ON THE POLICY) | **EFFECTIVE DATE OF POLICY** | **DATE QUOTE IS NEEDED**

INSURED LOCATION / PHYSICAL ADDRESS | **CITY** | **STATE / ZIP** | **COUNTY**

ASSOCIATION / ON-SITE CONTACT PERSON | **CONTACT ROLE (PM / BOARD MEMBER / UNIT OWNER)** | **PHONE** | **EMAIL**

H1 Is this account new business to the agency? ☐ Yes ☐ No

A ASSOCIATION PROFILE & MANAGEMENT

Association type (check all that apply):

☐ Residential condominium / townhome ☐ Cooperative ☐ HOA (with residential buildings)
☐ Office / commercial condominium ☐ Property owners association (POA) ☐ Master / umbrella association
☐ Age-restricted (55+) community ☐ Mixed-use (residential + commercial) ☐ Other (describe below)

YEAR BUILT (OLDEST / NEWEST) | **YEAR ASSOCIATION FORMED** | **TOTAL NUMBER OF UNITS** | **ANNUAL OPERATING BUDGET ($)**

 # RESIDENTIAL BUILDINGS | **# NON-RESIDENTIAL BUILDINGS** | **STORIES PER BUILDING (LOW / HIGH)** | **ANNUAL ASSESSMENT INCOME ($)**

Management structure:

☐ Association is self-managed ☐ Managed by property management company

PROPERTY MANAGEMENT COMPANY NAME | **PM WEBSITE** | **YEARS ASSOCIATION MANAGED BY THIS PM**

A1 Does the property manager hold a designation or certification from the Community Association Institute (CAI)? ☐ Yes ☐ No
IF YES, EXPLAIN

A2 Is there a written risk management program? (attach if available) ☐ Yes ☐ No
IF YES, EXPLAIN

A3 Has the developer turned control of the board over to the unit owners? ☐ Yes ☐ No
IF YES, EXPLAIN

A4 Is the association still under development, or does the developer own more than 10% of units? ☐ Yes ☐ No
IF YES, EXPLAIN

NUMBER OF BOARD MEMBERS | **BOARD TERM LENGTH** | **ASSOCIATION LEGAL COUNSEL** | **ARE BOARD MEMBERS COMPENSATED?**

B ELIGIBILITY SCREENING

Check every item present, however incidental. Several of these are ineligible or referral exposures in this class.

Does the association provide, maintain, permit or include any of the following?

☐ Lake over 100 acres ☐ Ice skating or ice fishing ☐ Jet skiing or water skiing
☐ Snow skiing or ski area ☐ Hunting, archery or shooting range ☐ Skate park
☐ Pool diving board or water slide ☐ Employed armed security guards ☐ Dams, levees or dikes
☐ Marinas, piers, docks or wharves ☐ Equestrian activities or stables ☐ Livestock
☐ Airstrip or hangar ☐ Daycare services ☐ Halfway house
☐ Adult entertainment or nightclub ☐ Hotel or short-term lodging operation ☐ Grain, seed or fertilizer silos
☐ Water or sewage treatment ☐ Police or fire services ☐ Healthcare, medical or nursing facility
☐ Abortion clinic ☐ Student housing ☐ Subsidized housing
☐ Assisted living facility ☐ Trailer / mobile home park ☐ None of the above

DESCRIBE ANY ITEM CHECKED ABOVE — SCOPE, FREQUENCY, AND CONTROLS IN PLACE

C UNIT OWNERSHIP & OCCUPANCY

Indicate unit counts by category:

☐ Owner occupied units ☐ Units rented (long-term) ☐ Vacant units

☐ Student occupied units ☐ Subsidized housing units ☐ Developer owned units

% ASSESSMENTS DELINQUENT 60+ DAYS	RENTAL CAP IN CC&RS (IF ANY)	NUMBER OF COMMERCIAL / RETAIL UNITS

C1 Are any units rented short-term, through a rental pool, or listed on VRBO / Airbnb? ☐ Yes ☐ No
IF YES, EXPLAIN

C2 Are vacant units monitored and are utilities maintained? ☐ Yes ☐ No
IF YES, EXPLAIN

C3 Are unit owners required by the Declaration to carry an HO-6 policy? ☐ Yes ☐ No
IF YES, EXPLAIN

C4 Does the association verify unit-owner coverage annually? ☐ Yes ☐ No
IF YES, EXPLAIN

C5 Are any buildings on a historic register, in a historic district, or designated a historic landmark? ☐ Yes ☐ No
IF YES, EXPLAIN

D COVERAGE STRUCTURE & CURRENT PROGRAM

Unit coverage responsibility is controlled by the recorded Declaration. Answer from the document, not from practice.

Indicate coverage for units:

☐ Bare walls (studs-out) ☐ Original specifications (single entity) ☐ Original specifications and additional insta

COVERAGE	POLICY TERM	COMPANY	LIMIT	DEDUCTIBLE	EXPIRING PREM.	TARGET PREM.

Complete a row for each of: Property, General Liability, D&O, Crime / Fidelity, and Umbrella.

D1 Has any insurance coverage ever been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

D2 Is the current property policy being non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

D3 Is Ordinance or Law coverage requested? ☐ Yes ☐ No
IF YES, EXPLAIN

D4 Is a fidelity / crime bond in place covering everyone who handles association funds? ☐ Yes ☐ No
IF YES, EXPLAIN

E STATEMENT OF VALUES — BUILDING SCHEDULE

Not required if an attached Statement of Values contains all of the information below.

LOC # / BLDG #	BLDG ADDRESS / OCCUPANCY	CONSTRUCTION TYPE	YEAR BUILT	# STORIES	# UNITS	BASEMENT SQ FT	GARAGE SQ FT	TOTAL SQ FT

F DEDUCTIBLES REQUESTED

All covered causes of loss (per occurrence):

☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ $25,000

Water-related perils, per occurrence (water damage, sewer backup, sprinkler leakage, ice damming):

☐ $25,000 ☐ $50,000 ☐ $75,000 ☐ $100,000

Wind & hail, per building:

☐ $25,000 ☐ $50,000 ☐ $75,000 ☐ $100,000

☐ 2% ☐ 5% ☐ 10%

OTHER — ALL COVERED CAUSES ($)	OTHER — WATER PERILS ($)	OTHER — WIND & HAIL ($ OR %)

G PROTECTIVE MEASURES & LIFE SAFETY

AREA	SMOKE DETECTORS — N/A / HARDWIRED / BATTERY / NONE	SPRINKLERS — N/A / WET / DRY / NONE

Complete a row for: common areas (residential buildings), residential units, clubhouse, and restaurant / commercial units.

G1 Are there fire hydrants on or near the premises? ☐ Yes ☐ No

G2 Do the buildings have a fire alarm? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes above, indicate whether the alarm is local or central station in the explanation field.

G3 Is there a manual pull-box fire alarm? ☐ Yes ☐ No

G4 Are there any buildings over three stories with common areas? ☐ Yes ☐ No

G5 If yes — are illuminated exit signs and emergency lighting present? ☐ Yes ☐ No

G6 If yes — are annunciator panels present? ☐ Yes ☐ No

G7 If yes — are there functioning standpipes in the buildings? ☐ Yes ☐ No

G8 If yes — are interior stairwells masonry enclosed? ☐ Yes ☐ No

G9 If yes — are stairwells equipped with self-closing Class B fire-rated doors? ☐ Yes ☐ No

G10 If any buildings are sprinklered — is the system connected to a centrally monitored alarm? ☐ Yes ☐ No

G11 Is there an annual servicing contract with a qualified sprinkler service company? ☐ Yes ☐ No

DATE OF LAST SPRINKLER INSPECTION	INSPECTION REPORT ATTACHED?

H BUILDING SYSTEMS

ELECTRICAL

H1 Is maintenance and/or updating of electrical systems the responsibility of the association? ☐ Yes ☐ No

H2 Are circuits protected by circuit breakers? ☐ Yes ☐ No

H3 Does any building have aluminum wiring? If yes, were repairs completed by a licensed electrical contractor? ☐ Yes ☐ No

IF YES, EXPLAIN

Check any of the following present in any building:

☐ Stab-Lok panels ☐ Zinsco panels ☐ ITE Pushmatic panels
☐ Knob and tube wiring ☐ Fuses ☐ Square D panels (2020 or later)
☐ COPALUM connector repair ☐ AlumiConn connector repair ☐ None of the above

YEAR OF LATEST ELECTRICAL UPDATE | REMEDIATION DETAILS (IF ANY)

PLUMBING

H4 Is maintenance and/or updating of plumbing systems the responsibility of the association? ☐ Yes ☐ No

H5 Do all hot water tanks have drip trays with independent drain lines? ☐ Yes ☐ No

Check any piping material present:

☐ Galvanized steel ☐ Polybutylene ☐ PEX
☐ Copper ☐ CPVC ☐ None of the above

YEAR OF LATEST PLUMBING UPDATE | REMEDIATION DETAILS (IF ANY)

ROOFING

H6 Is maintenance and/or updating of roofs the responsibility of the association? ☐ Yes ☐ No

Roof type:

☐ Asphalt / composition ☐ Flat (membrane) ☐ Flat (tar and gravel)
☐ Shingle tile (clay) ☐ Tile (concrete) ☐ Wood shake / shingle
☐ Metal ☐ Atlas Chalet ☐ Other (describe below)

DATE OF ROOF INSTALLATION | WARRANTY? / # OF YEARS | ROOF TYPE — OTHER | ROOF REPLACEMENT SCHEDULED (DATE)

H7 Are roofs inspected annually? ☐ Yes ☐ No

H8 Do roofs have ice shields installed, and is there any history of ice damming? ☐ Yes ☐ No

IF YES, EXPLAIN

HVAC, FIREPLACES & SIDING

H9 Is maintenance and/or updating of HVAC systems the responsibility of the association? ☐ Yes ☐ No

H10 Does any building have wood-burning fireplaces or stoves? If yes, are spark arrestors on all chimneys? ☐ Yes ☐ No

IF YES, EXPLAIN

Check any siding material present:

☐ Aluminum siding ☐ Vinyl siding ☐ Wood shake siding
☐ EIFS stucco ☐ T1-11 siding ☐ Hardboard / fiber cement
☐ Brick or masonry ☐ Stucco (traditional) ☐ None of the above

YEAR OF LATEST HVAC UPDATE | WOOD SHAKE FIRE-RETARDANT TREATED? / YEAR | EIFS REMEDIATION COMPLETED? | T1-11 REMEDIATION COMPLETED?

I RESERVES, CONDITION & CONSTRUCTION DEFECT

Unfunded reserves and deferred maintenance are the leading declination drivers in this class.

DATE OF LAST RESERVE STUDY | RESERVE FUNDING LEVEL (%) | CURRENT RESERVE BALANCE ($) | SPECIAL ASSESSMENTS LAST 3 YEARS ($)

I1 Are there any known construction defects? ☐ Yes ☐ No

IF YES, EXPLAIN

I2 Is the association currently engaged in major renovation or restructuring, including foundation repair? ☐ Yes ☐ No

IF YES, EXPLAIN

I3 Has a structural, milestone, or balcony / elevated-walkway inspection been completed where required by state or local law? ☐ Yes ☐ No

IF YES, EXPLAIN

I4 Are there any known water intrusion issues or deferred maintenance items? ☐ Yes ☐ No

IF YES, EXPLAIN

J AMENITIES & RECREATIONAL EXPOSURES

Indicate the NUMBER of each exposure the association owns, maintains or controls (enter 0 if none):

☐ Swimming pools	☐ Whirlpools / spas	☐ Saunas
☐ Lakes / ponds (under 100 acres)	☐ Bathing beaches	☐ Boat docks & slips
☐ Club houses	☐ Playgrounds	☐ Dog parks
☐ Tennis / basketball courts	☐ Baseball diamonds	☐ Golf carts
☐ Streets & roads (miles)	☐ Dams	☐ Security guards
☐ Elevators	☐ Parking garages	☐ EV charging stations
☐ Fitness centers	☐ Common laundry rooms	☐ BBQ / fire pit areas

J1 Do you rent the club house to others? ☐ Yes ☐ No

IF YES, EXPLAIN

J2 Do you have a golf course? If yes, is it insured separately? ☐ Yes ☐ No

IF YES, EXPLAIN

K AMENITY-SPECIFIC DETAIL

Complete only the blocks that apply based on the counts entered in Section J.

SWIMMING POOLS

Type of pool (check all that apply):

☐ Indoor ☐ Outdoor

Pool is equipped with:

☐ Diving board ☐ Water slide ☐ Other recreational equipment ☐ None of these

IF DIVING BOARD — HEIGHT ABOVE WATER	OTHER POOL EQUIPMENT — DESCRIBE	POSTED POOL HOURS

K1 Does the pool area comply with all federal, state and local laws? ☐ Yes ☐ No

IF YES, EXPLAIN

K2 Is the pool fully enclosed by a self-closing, self-latching gate or fence? ☐ Yes ☐ No

K3 Are depth markers, 'No Diving' signage, and rescue equipment in place? ☐ Yes ☐ No

BATHING BEACHES

K4 Are lifeguards present? ☐ Yes ☐ No

K5 Is the swimming area marked? ☐ Yes ☐ No

K6 Are rules posted in the swimming area? ☐ Yes ☐ No

BOAT DOCKS & SLIPS

K7 Are docks covered? ☐ Yes ☐ No

K8 Are docks inspected annually? ☐ Yes ☐ No

K9 Are docks coated with a non-slip surface? ☐ Yes ☐ No

K10 Are rules posted at the docks? ☐ Yes ☐ No

LAKES, PONDS & RIVERS

K11 Are any recreational facilities provided at the water feature? ☐ Yes ☐ No

IF YES, EXPLAIN

PLAYGROUNDS

Surface below playground equipment:

☐ Sand pit ☐ Wood chips ☐ Rubber matting ☐ Other (describe below)

AGE OF PLAYGROUND EQUIPMENT	SURFACE — OTHER, DESCRIBE

K12 Are regular inspections made on the playground equipment? ☐ Yes ☐ No

SECURITY GUARDS

K13 Are security guards armed? ☐ Yes ☐ No

K14 Are security guards independent contractors? If yes, are they required to carry general liability coverage? ☐ Yes ☐ No

IF YES, EXPLAIN

STREETS & ROADS

K15 If independent contractors maintain the streets and roads, are certificates of insurance required? ☐ Yes ☐ No

IF YES, EXPLAIN

State the limits required in the explanation field above.

L INDEPENDENT CONTRACTORS & VENDORS

L1 Do you hire independent contractors? ☐ Yes ☐ No

L2 Are independent contractors required to carry general liability coverage? ☐ Yes ☐ No

IF YES, EXPLAIN

State the minimum limits required in the explanation field above.

L3 Are certificates of insurance maintained on file for all independent contractors? ☐ Yes ☐ No

L4 Are certificates of insurance updated on an annual basis? ☐ Yes ☐ No

L5 Is the association named as additional insured on a primary and non-contributory basis with waiver of subrogation? ☐ Yes ☐ No

IF YES, EXPLAIN

SERVICE	VENDOR NAME	WRITTEN CONTRACT?	COI ON FILE?	ASSOC. NAMED AI?

Typical entries: landscaping, snow removal, pool service, elevator, security, janitorial, property management.

M GRILLING POLICY

M1 Does the association have a written policy or rule regarding grilling? ☐ Yes ☐ No

M2 Does the association allow grilling? ☐ Yes ☐ No

If grilling is allowed, check all that apply:

☐ Follows local ordinance on distance from bui
☐ Not allowed on balconies or covered spaces
☐ No charcoal grills on combustible surfaces
☐ Minimum distance from buildings enforced (st

Types of grills allowed:

☐ Charcoal ☐ Propane / methane ☐ Electric ☐ None

MINIMUM REQUIRED DISTANCE FROM BUILDINGS (FEET)	ADDITIONAL GRILLING RESTRICTIONS

N GOVERNANCE, D&O AND LITIGATION

N1 Is there any pending, threatened, or completed construction-defect litigation involving the association? ☐ Yes ☐ No

IF YES, EXPLAIN

N2 Is there any pending or threatened litigation, arbitration, or administrative action involving the association, its board, or the management company? ☐ Yes ☐ No

IF YES, EXPLAIN

N3 Has any D&O, EPLI, or fidelity claim been made against the association or any board member in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

N4 Has the association been involved in any dispute regarding discrimination, fair housing, or ADA accessibility? ☐ Yes ☐ No
IF YES, EXPLAIN

N5 Are the CC&Rs, bylaws and rules current and reviewed by counsel? ☐ Yes ☐ No
IF YES, EXPLAIN

N6 Does the association have direct W-2 employees? (if yes, workers' compensation is required) ☐ Yes ☐ No
IF YES, EXPLAIN

N7 Do two signatures or dual authorization control withdrawals from reserve and operating accounts? ☐ Yes ☐ No
IF YES, EXPLAIN

NUMBER OF W-2 EMPLOYEES	ANNUAL ASSOCIATION PAYROLL ($)	FIDELITY BOND LIMIT ($)

O LOSS HISTORY

Attach currently-valued loss runs for the last 4 years including the current year. Narrate any loss over $50,000 incurred.

POLICY TERM	CARRIER	LINE OF COVERAGE	ANNUAL PREMIUM	# CLAIMS	TOTAL INCURRED

NARRATIVE FOR EACH LOSS OVER $50,000 — CAUSE, CORRECTIVE ACTION TAKEN, AND CURRENT STATUS

P ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — RECENT CAPITAL IMPROVEMENTS, FAVORABLE GOVERNANCE, CONTEXT FOR LOSSES, OR PLANNED CHANGES

Q REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. The applicant confirms that answers regarding the Declaration, reserves, protective measures and building condition are drawn from the association's own records.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE