



Western Heritage Insurance Company

CONDOMINIUM OR HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION

Applicant's Name, Mailing Address, Location

Agent Name, Address

PROPOSED EFFECTIVE DATE: From To 12:01 A.M., Standard Time at the address of the Applicant.

Applicant is: Individual, Corporation, Partnership, Joint Venture, Limited Liability Company, Other (Specify):

Table with 2 columns: LIMITS OF LIABILITY REQUESTED, PREMIUMS. Rows include General Aggregate, Products & Completed Operations Aggregate, Personal & Advertising Injury, Each Occurrence, Fire Damage, Medical Expense, Other Coverages, Restrictions, and/or Endorsements.

A. Years in business:

B. Have all development and/or construction operations been completed? Yes No

C. Number of units:

Single Family Homes, Townhomes, Condos, Rental Units, Commercial Condos, Time-Shares

D. Fire Protection

- a. Number of stories
b. Sprinkled?
c. Fire resistive?
d. Fire detectors in each unit?
e. Carbon Monoxide detectors in each unit?

E. How many swimming pools? Number of diving boards, pool slides, or diving platforms:

- a. Any diving boards, pools slides, or diving platforms over 10 ft. in height?
b. Are rules posted?

- c. Are pools fenced?.....  Yes  No
- d. Are gates self-closing and locking?.....  Yes  No
- e. Any lifeguards? .....  Yes  No

Clubhouses: _____	Convenience stores: _____	Saunas: _____
Spas: _____	Baseball parks: _____	Volleyball courts: _____
Tennis courts: _____	Basketball courts: _____	Racquetball courts: _____
Playgrounds: _____	Lakes (no. of acres): _____	Swimming allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ice skating: _____	Bathing beaches: _____	Diving rafts: _____
Boat docks: _____	Boat rentals: _____	Private airports: _____
Shooting ranges: _____	Restaurants/lounges: _____	
Dams: _____	(If applicable, complete Dam Questionnaire GLS-113)	

G. **Any waterworks/sewage treatment/disposal facilities?**.....  Yes  No

Describe in detail: \_\_\_\_\_

H. **Is the association responsible for maintenance of the roads?**.....  Yes  No

If so, how many miles of road? \_\_\_\_\_

I. **How many parks?** \_\_\_\_\_ **How many trails?** \_\_\_\_\_

Describe parks in detail: \_\_\_\_\_

J. **Any horse trails or bike trails?** .....  Yes  No

If yes, how many miles of trails? \_\_\_\_\_

Describe trails in detail: \_\_\_\_\_

K. **Any stables?** .....  Yes  No

**Riding arenas?** .....  Yes  No

**Jumps?** .....  Yes  No

**Saddle animals for hire?** .....  Yes  No

L. **Is this a master association which provides group common areas for individual associations?** ....  Yes  No

M. **Does association include commercial and/or institutional members?** .....  Yes  No

N. **Any security guards on premises?** .....  Yes  No

If yes, how many? \_\_\_\_\_ Are they armed or unarmed? \_\_\_\_\_

Does association directly employ guards?.....  Yes  No

If outside security guard service, are certificates of insurance required? .....  Yes  No

O. **Total number of employees:** \_\_\_\_\_

P. **Does applicant have Workers Compensation coverage in force?**.....  Yes  No

Q. **Does applicant lease employees?**.....  Yes  No

R. **Any special events?**.....  Yes  No

S. **Any sponsored athletic teams?**.....  Yes  No

If yes, please describe: \_\_\_\_\_

T. **Any other exposures which the association is responsible for?**.....  Yes  No

U. **Please attach any descriptive or advertising literature.**

**Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.**

YEAR	COMPANY	POLICY NUMBER	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION AND/OR PREMIUM AUDIT PURPOSES: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

**(Applicable to Florida Agents only)**

IOWA LICENSED AGENT: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written requests, additional information as to the nature and scope of the report, if one is made, will be provided.

**ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE**



**SUPPLEMENTAL QUESTIONNAIRE**

**Hired Auto Coverage**

Complete if hired auto coverage is desired.

1. Does applicant own any commercial vehicles?.....  Yes  No

Number of employees: \_\_\_\_\_ Web site address: \_\_\_\_\_

2. Why is hired auto coverage being requested? \_\_\_\_\_

3. Number of hired autos: \_\_\_\_\_

4. Types of autos hired: \_\_\_\_\_

How are they used? \_\_\_\_\_

What is gross vehicle weight of commercial autos? \_\_\_\_\_

What is passenger capability of public autos? \_\_\_\_\_

5. What is the average term of lease? \_\_\_\_\_

6. What is the maximum distance in which a hired auto may be driven from the premises?

7. Does the applicant lease, hire, rent or borrow any auto, other than a private passenger type auto, owned or leased by the applicant's employees, partners or members of their household? .....  Yes  No

If yes, give details and how many: \_\_\_\_\_

8. Does any agent, independent contractor, or employee lease autos in the applicant's name? .....  Yes  No

If yes, explain: \_\_\_\_\_

9. At any time will you subcontract out work? .....  Yes  No

If yes, what work is subcontracted? \_\_\_\_\_

Cost to subcontract: \_\_\_\_\_

10. Estimated cost of hired autos:

This year: \$ \_\_\_\_\_ Last Year: \$ \_\_\_\_\_

Is the applicant involved in any arrangements for the borrowing or bartering for the use of autos?.....  Yes  No

If yes, explain: \_\_\_\_\_

11. What percentage of the hired autos' revenue is paid to owners of the autos? ..... %

12. Are drivers to be provided by the applicant to operate hired autos?.....  Yes  No

If no, will the drivers be required to provide Certificates of Insurance?.....  Yes  No

What are the minimum liability limits required by the lessee (applicant)? \_\_\_\_\_

13. Will the applicant be named as an additional insured on the lessor's policy?.....  Yes  No

14. Does the applicant own or control any subsidiary or is it affiliated with any other corporation?.....  Yes  No

If yes, are vehicles leased from the subsidiary or affiliate? \_\_\_\_\_



Western Heritage Insurance Company

- 15. What is the business of the subsidiary or affiliate?
16. Does the applicant have an ICC broker's authority or provide a brokerage service?
17. Has applicant had any hired auto losses in the past?

Applicant's Signature: Date:

SUPPLEMENTAL QUESTIONNAIRE Non-Owned Auto Coverage

- 1. Does applicant own any commercial vehicles? Web site address:

2. Why is non-ownership liability coverage being requested?

3. What types of non-owned autos will be used in the applicant's business?

How will they be used?

4. How often are non-owned autos used in the applicant's business? Estimated number of hours per month:

5. What is the estimated annual mileage for use of all non-owned autos? miles

6. What is the maximum distance which a non-owned auto may be driven from the applicant's premises? miles

7. Total number of non-owned autos used in the applicant's business:

8. Total number of employees:

9. Total number of officers and partners:

10. If a social service operation, indicate total number of volunteers furnishing autos in the applicant's operation: Maximum number of volunteers at any one time:

11. Do employees lease autos on the applicant's behalf? If yes, under whose name are autos leased?

12. Does the applicant require employees and volunteers to have their own insurance? If yes, what are the minimum limits required?

Does the applicant require evidence of insurance?

13. Will the applicant use non-owned autos other than those owned by employees? If yes, describe relationship:

14. Does the applicant obtain motor vehicle records for all drivers?

15. Has applicant had any non-owned auto losses in the past?

Applicant's Signature: Date: