

CONDOMINIUM / HOMEOWNER / COMMUNITY ASSOCIATION SUPPLEMENTAL APPLICATION

| | | | | | | | | | | | |
|--|-------------------|--|-----------------------------|--------------------------|---|-----|-----------------------------------|--|-----------------------------|--|--|
| GENERAL INFORMATION | | | | | | | | | | | |
| Name of Applicant: | | | | | | | | | | | |
| City: | | | | | State: | | ZIP: | | | | |
| Effective Date: | | | | | | | | | | | |
| 1. ASSOCIATION TYPE | | | | | | | | | | | |
| <input type="checkbox"/> | Condominium | <input type="checkbox"/> | Homeowner Association | <input type="checkbox"/> | Commercial/Business Community Association | | | | | | |
| <input type="checkbox"/> | Cooperative | <input type="checkbox"/> | Property Owners Association | <input type="checkbox"/> | Timeshare (Interval) Association | | | | | | |
| <input type="checkbox"/> | Other (Describe): | | | | | | | | | | |
| 2. UNDERWRITING INFORMATION | | | | | | | | | | | |
| A. | | Number of property units in the entity: | | | | | Number of units currently vacant: | | | | |
| | | Number of Timeshare units: | | | | | | | | | |
| B. | | Are there any units used as hotels anytime throughout the year? | | | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| | | If yes, please provide details on the number of units, and number of nights annually: | | | | | # Units | | # Nights | | |
| C. | | Is the property developer or sponsor represented on the board of directors/trustees? | | | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| D. | | Has control of the Applicant been transferred from the Builder/Developer or sponsor? | | | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| F. | | Average value of homes/condos in the association | | | \$ | | | | | | |
| G. | | Range of values of homes/condos in the association | | | \$ | | | | to \$ | | |
| 3 BY LAWS (please provide a copy of the most recent By Laws) | | | | | | | | | | | |
| A. | | Are the collection policies for overdue condo fees or assessments: | | | | | | | | | |
| | | 1. Disseminated to all owners? | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | | | |
| | | 2. Enacted by the Board? | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | | | |
| | | 3. Timely and consistently enforced? | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | | | |
| B. | | Is there a provision that requires that disputes between property owners and the association be submitted to binding arbitration? | | | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| 4. APPLICANT AMENITIES | | | | | | | | | | | |
| <input type="checkbox"/> | Boating | <input type="checkbox"/> | Equestrian Facilities | <input type="checkbox"/> | Fitness Facilities | | | | | | |
| <input type="checkbox"/> | Golf Course | <input type="checkbox"/> | Lake(s) | <input type="checkbox"/> | Playground(s) | | | | | | |
| <input type="checkbox"/> | Swimming Pool(s) | <input type="checkbox"/> | Tennis courts | <input type="checkbox"/> | Other (Describe): | | | | | | |
| Does the applicant sell memberships for any of their facilities to non-owners/lessees? | | | | | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| 5. ASSESSMENTS | | | | | | | | | | | |
| A. | | Have any improvements been completed in the past year, or are any being contemplated that would result in a special assessment to the association members? | | | | | <input type="checkbox"/> Yes* | | <input type="checkbox"/> No | | |
| B. | | * If so, please provide details including the amount and purpose of the assessment, the anticipated date of assessment, and the extent to which association members have been made aware of this potential assessment, on a separate page. | | | | | | | | | |
| 6. MANAGEMENT COMPANY | | | | | | | | | | | |
| A. | | Does the applicant contract with an independent professional management company to manage the association? | | | | | <input type="checkbox"/> Yes* | | <input type="checkbox"/> No | | |
| B. | | If yes, does the management company request the applicant to include them as additional insured under this policy? | | | | | <input type="checkbox"/> Yes* | | <input type="checkbox"/> No | | |
| C. | | * If Yes, please provide the following: | | | | | | | | | |
| | | Name of Management Company | | | | | | | | | |
| | | Address: | | | | | | | | | |
| | | City | | State | | Zip | | | | | |
| | | Phone/Fax | | | Website Address: | | | | | | |