

# Condo Protekt Supplemental Application

Applicant: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

## Current Policy Information

Property Carrier					
Wind Deductible Terms					
Property Premium		Wind Premium		GL Premium	

## Building (s) Information

Total Insured Values: \$ \_\_\_\_\_ Ave. Unit Sales Price: \$ \_\_\_\_\_

Fire Resistive \_\_\_\_\_% Masonry Non-Comb \_\_\_\_\_% Joisted Masonry \_\_\_\_\_% Frame \_\_\_\_\_%

Total # of Buildings		Total # of Units	
Year Built		% Sprinklered	
Roof Update Year		Other Updates Year	

- ❖ Are there security guards on the premises?  Yes  No
  - If yes, are they employed by the association?  Yes  No
  - If yes, any armed guards?  Yes  No

Type of Exposure	Number of Exposure Units	Please Specify if Other Coverage Applies
Boat Slips/Docks		
Clubhouse		
Gym/Fitness Center		
Pools		
Retail Units		
Tennis/Basketball Court		
Other:		

- ❖ Is there a clubhouse?  Yes  No
  - If yes, is it rented to other?  Yes  No
  - If yes, total receipts: \$ \_\_\_\_\_
- ❖ Is there a pool?  Yes  No
  - If yes, is it in compliance with the Virginia Graeme Baker Pool and Spa Safety Act?  Yes  No

Please provide the following information on each building:

Building	Values	Construction Type	# Stories	# Units	Square Feet
1					
2					
3					
4					
5					
<b>Totals</b>					

\_\_\_\_\_ # of units rented to others?

\_\_\_\_\_ # of units vacant?

**Water Damage Protection:**

Procedure in place to keep heat maintained at least 50°F?  Yes  No

Procedure in place to use burst-proof hoses in units?  Yes  No

**ELECTRICITY:**      Fuses  Yes  No      Circuit Breakers  Yes  No      Copper Wiring  Yes  No

**Automobile Exposures (if HNOA coverage is requested):**

Do employees use their personal Autos for Association business?  Yes  No

If yes, is the limit of liability on their Personal Auto policy \$300,000 or higher?  Yes  No

Do you obtain certificate of insurance from drivers showing proof of limits?  Yes  No

**Umbrella Information (if GL and Umbrella coverage is requested):**

Current Carrier: \_\_\_\_\_ Limits \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

LIMITS REQUESTED:

\$1,000,000       \$2,000,000       \$3,000,000       \$4,000,000       \$5,000,000

**Applicant Signature – required upon binding any coverage**

**I declare that the information submitted herein and in any supplemental attachments is true to the best of my knowledge, and that no material facts have been suppressed or misstated. I understand that an incorrect or incomplete statement could impact or void my coverage.**

**Applicant Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THE COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE COMPANY.**