



Program Manager:
McGowan Program Administrators
 (A Division of McGowan & Company, Inc.)
 Home Office – 20595 Lorain Road
 Fairview Park, OH 44126
 Phone: (440) 333-6300 / Fax: (440) 333-3214
www.mcgowanprograms.com

Submitted By:
 Agency: _____
 Address: _____
 Contact: _____
 Phone/Fax: () - / () - _____
 E-Mail: _____

Community Associations Umbrella Program Application for Insurance & Purchasing Group Membership

Applicant Information Section & General Information

Name of Association: _____

Mailing Address: _____

- Insured is:
- | | | |
|--|---|--|
| <input type="checkbox"/> Condominium Association | <input type="checkbox"/> Townhome Association | <input type="checkbox"/> Mixed Use Condominium Association |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Timeshare Association | <input type="checkbox"/> Commercial Association |
| <input type="checkbox"/> Master Association * | <input type="checkbox"/> Single-Family Home HOA / POA | <input type="checkbox"/> Condo-Hotel |

** If the Association is a Master we will need a fully completed "Master Supplemental Application".*

Limits requested: \$1MM \$2MM \$3MM \$5MM \$10MM \$15MM \$20MM \$25MM \$50MM \$100MM

Web site address: www. _____ . _____

Ratable Exposures – General Liability & Liquor Liability

Blanks will be interpreted as "0."

- | | |
|--|---|
| # Condominium-style <u>units</u> - In bldgs. 3 stories or less: _____ | Commercial exposure (in square feet): _____ |
| # Condominium-style <u>units</u> - In bldgs. 4 – 9 stories: _____ | # Swimming pools: _____ |
| # Condominium-style <u>units</u> - In bldgs. 10 or more stories: _____ | Liquor sales: \$ _____ |
| # Single-family home HOA/PUD/POA <u>units</u> : _____ | Food sales: \$ _____ |

Ratable Exposures & Information – Automobile Liability

Blanks will be interpreted as "0."

Vehicle Counts: PPT: _____ Light: _____ Medium: _____ Heavy: _____ Other: _____

Is there a valet service? Yes No *If "Yes", please complete "Valet Service Supplemental Application".*

Directors & Officers Liability

- | | |
|---|---|
| 1. Has Applicant had more than one D&O claim in the last three (3) years? <i>If "Yes", please provide 3 years of currently-valued D&O loss runs.</i> | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has Applicant been in existence for <u>less</u> than one (1) year? | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is the developer on the board of directors? | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is the occupancy rate less than 75%? | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is there a negative fund balance? | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No |

Loss Experience – Policy Year Aggregate Losses

Note: Three years of loss runs are required. Please provide claim details for any individual losses in excess of \$50,000.

No claims in past five (5) years. Please move on to the next section.

Underlying Insurance Program

| Policy Type: | Insurer & Policy #: | Limits: | Premium: | Policy Period: |
|-------------------------------------|---------------------------------|--------------------|----------|---------------------|
| General Liability | Insurer: _____ Pol. #: _____ | __ MM / __ MM | \$ _____ | __/__/__ - __/__/__ |
| Automobile Liability / H&NO Auto | Insurer: _____ Pol. #: _____ | __ MM | \$ _____ | __/__/__ - __/__/__ |
| Employers Liability | Insurer: _____ Pol. #: _____ | __ K / __ K / __ K | \$ _____ | __/__/__ - __/__/__ |
| D&O / EPL Liability | Insurer: _____ Pol. #: _____ | __ MM | \$ _____ | __/__/__ - __/__/__ |
| Other: | Insurer: _____ Pol. #: _____ | __ MM / __ MM | \$ _____ | __/__/__ - __/__/__ |

Does the primary Automobile Liability or General Liability policy cover Hired & Non-Owned? Yes No

Insured agrees that it will comply with the following underlying insurance requirements:

- General Liability policies must: (a) contain an endorsement or policy language which provides for Defense Costs Outside The Limits; and, (b) with regards multiple-location risks, provide coverage on an “Aggregates Per Location” Basis.
- The following underlying policies must be written on an “Occurrence”-form basis: General Liability; Automobile Liability; and, Employers Liability.
- The following underlying policies must be written on an “Claims-Made”-form basis: Directors & Officers Liability; Employee Benefits Liability.

Expiring Umbrella

Current Umbrella Carrier: _____ Limit: \$ ____ MM Premium: \$ _____

Renewal Quotes Option #1: Carrier: _____ Limit: \$ ____ MM Premium: \$ _____
Option #2: Carrier: _____ Limit: \$ ____ MM Premium: \$ _____

Named Insureds

Please list exact legal names of entities to be insured. (*Property managers, directors, and officers do not need to be listed, as our policy provides automatic coverage for property managers, directors, and officers.*)

1. _____
2. _____

Location Information

If there are additional locations, please provide us with a spreadsheet summarizing the information below.

Address: _____

Construction Type: Frame JM Masonry Non-Combustible Fire Resistive

Stories: ____ # Units: ____ Year Of Construction: _____ Average Unit Value: _____

Sprinkler status: 100% Partial (All common areas) Not sprinklered

Prohibited Exposures

Please indicate if Applicant has any of the following prohibited exposures:

- | | |
|--|--|
| <input type="checkbox"/> Bldgs. in the <u>Bronx</u> , NY | <input type="checkbox"/> <u>Nursing home</u> , nursing care, extended care, or assisted living |
| <input type="checkbox"/> <u>Vacant</u> buildings | <input type="checkbox"/> Locations at which <u>meals are served to residents</u> |
| <input type="checkbox"/> <u>Hotel-like</u> exposures | <input type="checkbox"/> <u>Senior</u> housing (not including “55+” age-restricted communities) |
| <input type="checkbox"/> <u>Student</u> housing | <input type="checkbox"/> <u>Locations owned or operated by nonprofit entities with a charitable purpose</u> (e.g. – locations for the elderly or infirm owned by religious or charitable organizations) |
| | <input type="checkbox"/> Associations which rent units to “ <u>spring breakers</u> ” |

The Program Manager may make exceptions to the aforementioned prohibited exposures. If you desire an exception, please contact the Program Manager.

Miscellaneous Exposures

1. Does Applicant have security guards? 1. Yes No
(If "Yes," please complete our "Security Guard Supplemental.")
2. Does Applicant have written by-laws? 2. Yes No
3. Is the owner occupancy rate less than 75%? 3. Yes No N/A
(Not applicable to single-family home HOAs, PUDs, P.O.A.s, or Single-Family HOAs)
(If "Yes," please complete our "Rental Units Supplemental.")
If "Yes," what percentage of the units are rented? _____ %
4. Is the property 100% built-out? 4. Yes No
If "No", what percentage of the property is built-out? _____ %
5. Are at least 90% of the units sold? 5. Yes No
If "No", what percentage of the units are sold? _____ %
6. Are there any other exposures of which we should be aware? (e.g. – golf courses, equestrian exposures, skate parks, aviation exposures, etc.) 6. Yes No
If "Yes," please provide details: _____
7. Is there any subsidized or low-income housing? 7. Yes No

Marine Exposures

Are there any of the following exposures?

- Docks Piers Marinas Dams Beaches
 Boat slips Watercraft Marina exposures Lakes or ponds

If there are dams, please complete our "Dam Supplemental."

If there are lakes, ponds, or beaches, please complete our "Lakes, Ponds & Beaches Supplemental."

If there are watercraft, please complete our "Watercraft Supplemental."

If there are marina exposures, please complete our "Marina Supplemental."

Contractor & Construction Section

1. Does Applicant obtain written contracts from contractors doing *significant* work on the Applicant's premises? 1. Yes No
If "Yes," under those contracts, is Applicant...
 - (a) Held harmless by said contractors? 1. (a) Yes No
 - (b) Indemnified for the acts of said contractors? 1. (b) Yes No
 - (c) Provided Additional Insured status under said contractors' liability insurance policies? 1. (c) Yes No
 - (d) Provided "certificates of Insurance" evidencing that said contractors have at least \$1MM of liability insurance? 1. (d) Yes No

Life Safety - All Associations

All Applicants must answer the following questions.

1. Are there any outstanding mandatory (a.k.a. - "Critical") loss control recommendations? 1. Yes No
2. Pool Questions Not applicable – Insured does not have a pool
 - (a) Are all pool areas fenced with self-closing/self-latching gates in working order? 2. (a) Yes No
 - (b) Do all pool areas contain "Swim At Your Own Risk" signs and depth markers? 2. (b) Yes No
 - (c) Are the hours of operation posted? 2. (c) Yes No
 - (d) Are there any diving boards? 2. (d) Yes No
 - (e) Are there any slides? 2. (e) Yes No
 - (f) Are there any other water features, such as "lazy rivers," wave pools, water parks, etc. 2. (f) Yes No
 - (g) Do all pools have anti-vortex drains and drain covers? 2. (g) Yes No

Uninsured & Underinsured Motorists Liability Coverage Options Selector

- I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will have no Uninsured or Underinsured Motorists Liability coverage.
- I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will be surcharged for this coverage. **Coverage is only available in the following states: FL, LA, NH, VT and WV.**

Terrorism Coverage Options Selector

- I decline to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization which I represent will have no Certified "Acts of Terrorism" coverage.
- I would like to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization which I represent may be surcharged of our ordinary premium for this coverage.

Fact Statements & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement - Terms & Conditions of Membership (Including Purchasing Group Fee Disclosure); Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof)

Fact Statements & Fraud Notice. The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application. The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The "Membership Agreement - Terms & Conditions Of Membership" Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges When Due (If Applicable)[Premiums, Fees, Taxes & Surcharges Will Be Individually-Detailed On Applicant's Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (hereinafter "EOI")]; (6) That It Understands And Agrees That Any Additional Material Supplied By Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of This Application For Insurance; (7) That It Understands And Agrees That This Application Shall Be The Basis Of The Contract Should A Policy &/Or EOI Be Issued, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (8) That It Understands And Agrees That This Application Will Become A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [15 U.S.C. §3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof). By Signing Below, Applicant Agrees That It Has Read And Understands The Most Recent Disclosure Pursuant to Terrorism Risk Insurance Act Which Appears At www.purchasinggroups.com.

To Learn More. Please Visit www.purchasinggroups.com, Which Contains More Information About Your Purchasing Group And Purchasing Groups, In General, As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGUs' Income, And Your Insurance Broker's Income.

(Version v2015.01.01)

_____, 20____
Signature of Applicant Date

_____, 20____
Signature of Insurance Broker Date

Print Name: _____

Print Name: _____

Title: _____

Title: Insurance Broker