



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

Submitted By:
 Agency: _____
 Address: _____

 Contact: _____
 Phone/Fax: () _____ - _____ () _____ - _____
 E-Mail: _____

“Common Assurance” Umbrella Program Application for Insurance & Purchasing Group Membership

Applicant Information Section & General Information

Applicant: _____

Mailing address: _____

- Insured is: Condominium association Townhome Association Planned Unit Development
 Cooperative Timeshare Condominium Association Commercial Association
 Master Association Single-Family Home HOA / POA Condo-Hotel

- We consider PUDs to be associations with municipality-like exposures (police, fire, medical, water treatment, etc.)

Limits requested: \$5MM \$10MM \$15MM \$20MM \$25MM

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

Directors & Officers Liability

- | | |
|---|---|
| 1. Has Applicant had more than one D&O claim in the last three (3) years? | 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

Blanks will be interpreted as “0.”

For each year, please indicate the “Incurred” losses (i.e. - Paid + Reserved).

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

	Current Year:	First Prior:	Second Prior:	Third Prior:	Fourth Prior:
General Liability:	\$	\$	\$	\$	\$
Automobile Liability:	\$	\$	\$	\$	\$
D&O / EPL Liability:	\$	\$	\$	\$	\$

Note: Three years of loss runs are required, but aggregate loss information must be summarized above; please do not write “See Attached” in the fields above.

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>Subsidized</u> housing
<input type="checkbox"/> <u>Low-income</u> housing
<input type="checkbox"/> <u>Vacant</u> buildings
<input type="checkbox"/> <u>Hotel</u> -like exposures | <input type="checkbox"/> <u>Student</u> housing
<input type="checkbox"/> <u>Nursing home</u> , nursing care, extended care, or assisted living
<input type="checkbox"/> Locations at which <u>meals are served to residents</u>
<input type="checkbox"/> <u>Senior</u> housing (not including "55+" age-restricted communities)
<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: _____

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."

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

Life Safety - Condominium-Style Associations

Only condominium-style associations should answer the questions in this section.

1. Smoke Detector Questions - Type: Battery-Powered Hard-Wired
(a) Annual maintenance program for battery-powered detectors to ensure proper functioning? 1. (a) Yes No N/A
2. Do all buildings comply with local and state ordinances? 2. Yes No
3. Buildings With Interior Corridors (NFPA 101 Questions) Not applicable – Bldgs. do not have interior corridors
(a) Do corridors contain lighted exit signs and emergency lighting that illuminates means of egress? 3. (a) Yes No
(b) Are the emergency lighting systems tested as least once (1x) annually? 3. (b) Yes No
(c) Are exit signs clearly marked? 3. (c) Yes No
(d) Are there two (2) means of egress per floor? 3. (d) Yes No
(e) Are all exit doors unlocked and unobstructed? 3. (e) Yes No
(f) Are all exit doors leading into stairwells fire-rated? 3. (f) Yes No

4. Has a GL carrier inspected all bldgs. *in excess of seven* (7) stories in the past 3 years? 4. Yes No N/A
5. Do all buildings more than one (1) story in height with decks, porches, or balconies above the first floor comply with all local and state building codes (i.e. - permit specifications, inspection requirements, etc.) 5. Yes No N/A

Life Safety - Single-Family Home HOAs / PUDs

Only single-family home HOAs, PUDs, and POAs should answer the questions in this section.

1. Units are located in: Freestanding individual units Multiple-unit buildings
2. Streets are: Public Private If private, how many miles? _____

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 \$50,000.00 for this coverage.

Terrorism Liability Options Selector

- I decline to purchase Terrorism Liability coverage. I understand that I or the organization which I represent will have no coverage for losses arising from acts of terrorism.
- I would like to purchase Terrorism Liability coverage. I understand that I or the organization which I represent will be surcharged 2% for this coverage.

Anti-Fraud Agreement, Insurance Terms & Conditions & Agreement, Membership Terms & Conditions (Including Fee Disclosure) & Agreement

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 (If Applicable) When Due; (6) That Any Additional Material Supplied By Applicant Or Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of The Application For Insurance; (7) That This Application Which It Signs Is The Basis Of The Contract [Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (Hereinafter "EOI")], Whether Or Not Said Application Is Attached To The Policy &/Or EOI; (8) That This Application Is A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (9) That This Application Is Considered Attached To The Policy &/Or EOI For Legal Purposes, Whether Or Not It Is Physically Or Electronically Attached To The Policy &/Or EOI.

Disclosure Regarding Shared Limits. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 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. By Signing Below, Applicant Agrees That It Has Read And Understands The "Disclosure Pursuant To The Terrorism Risk Insurance Act Of 2002" 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.

_____, 20____
Signature of Applicant **Date**
Print Name: _____
Title: _____

_____, 20____
Signature of Insurance Broker **Date**
Print Name: _____
Title: Insurance Broker