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.mcgowanins.com

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

"Common Assurance" Umbrella Program
Lakes, Ponds, or Beaches Supplemental Application

Insured: _____

1. What is the number of Beaches the Insured owns or maintains? _____

2. If the Association owns and maintains a Beach is it private (for unit owners and guests only) or public? ☐ Private ☐ Public

3. What is the number of Lakes or Ponds the Insured owns or Maintains? _____

4. For Insureds with Lakes or Ponds susceptible to freezing: ☐ N/A

   a. Is Swimming or Boating permitted? ☐ Yes ☐ No
   b. If Swimming and Boating are both permitted, is the Swimming area cordoned off? ☐ Yes ☐ No
   c. Are signs posted prohibiting ice skating? ☐ Yes ☐ No
   d. Are any activities such as ice fishing, permitted on frozen lakes or ponds? ☐ Yes ☐ No
   e. Are all lakes or ponds seven (7) acres or less in size? ☐ Yes ☐ No

5. For Insureds with lakes or ponds **not** susceptible to freezing: ☐ N/A

   a. Is Swimming or Boating permitted? ☐ Yes ☐ No
   b. If Swimming and Boating are both permitted, is the Swimming area cordoned off? ☐ Yes ☐ No

ACKNOWLEDGEMENT:

BY SIGNING THIS SUPPLEMENTAL APPLICATION FOR INSURANCE, INSURED: (1) WARRANTS THE AFOREMENTIONED INFORMATION IS CORRECT; AND, (2) STATES ITS AGREEMENT AND UNDERSTANDING THAT THIS SUPPLEMENTAL APPLICATION BECOMES A MATERIAL PART OF THE APPLICATION FOR INSURANCE.

_____ **Date:**_____
Signature

_____
Agency