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Submitted By:
 Agency: _____
 Address: _____

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

**Not for Profit Community Association
 Single Family Homeowner Association Package Application**

Effective Date: _____ Current Carrier: _____

Name of Insured Association Applicant (Applicant):		
Mailing address:	Physical Address:	
		ZIP
Applicant website: www.	Contact:	Phone:

Requested Property Coverage

1. **Structures** (if necessary use additional pages) :

Type	Limits	Deductible	Construction	Stories	Year Built	Sq Footage	Sprinklers	Smoke Detector

2. **Business personal property blanket limit:**

3. **Specific Property Limits** (all specific property listed in this section will be insured on a blanket basis)

- | | |
|----------------------------------|-----------------------|
| a. Athletic Courts | i. Irrigation systems |
| b. Community roads and driveways | j. Playgrounds |
| c. Fences | k. Pools and spas |
| d. Flagpoles | l. Storage units |
| e. Fountains | m. Walkways |
| f. Lights and light poles | n. Walls |
| g. Monuments | o. Signs |
| h. Planters | p. <i>À</i> Other |

Requested Comprehensive General Liability Coverage

- General Aggregate
- Each Occurrence
- Damage to rented premises (each occurrence)
- Employee Benefits (automatic deductible of \$1,000)
- Non-Owned and Hired Auto Liability

Loss History

1. Has the insured had any property or general liability losses in the **past five years**: Yes No

If yes, describe:
 If yes, attach five year currently valued loss runs.

2. Has the insured had property or general liability policy cancelled or non-renewed in the past five years: Yes No

If yes, please provide details:

General Underwriting

1. Is the Association 100% built out? Yes No
2. ~~Are there any undeveloped lots?~~
3. If not fully built out (**if fully built out skip to questions 4**):
- a. how many undeveloped lots are sold
 - b. does the Association have a completed infrastructure (streets, curbing, utilities, sewers) in place at the site of the undeveloped lots? Yes No
 - c. Is there active marketing of unsold undeveloped lots: Yes No
 - d. If there is no active marking of unsold undeveloped lots, explain?
4. What are the average monthly fees/assessments per unit?
5. Who is responsible for fees/assessments for unsold undeveloped Lots (i.e. declarant/developer)
6. Does the Association have security personnel? (**if no security personnel skip to question 8**) Yes No
7. If there is security:
- a. Are the security personnel employees of the Association? (Association issues W-2) Yes No
 - b. Do any of the Association employed Security personnel carry firearms? Yes No
 - c. Is the security provided by a third party certified/licensed vendor? Yes No
 - 1. Is the Association Applicant an additional insured on the vendor's insurance? Yes No
 - 2. Are Certificates of Insurance requested from the vendor's insurance agent? Yes No
 - 3. Do any certified/licensed vendor provided security personnel carry firearms? Yes No
8. Is there a swimming pool on the premises? (**if no pool skip to question 11**) Yes No
9. If there is/are pool(s):
- a. Is there a diving board or slide? Yes No
 - b. Are all drains in compliance with the Virginia Graeme Baker Act? Yes No
 - c. Is the pool depth clearly marked? Yes No
 - d. Is the pool fenced with a self-closing-locking gate? Yes No
 - e. Is the surface surrounding the pool non-skid? Yes No
 - f. Is there a lifeguard on duty? Yes No
 - 1. If yes, is he/she an Association Employee? Yes No
 - 2. Describe the Association Employee's qualifications:
 - 3. If yes, is he/she provided by a qualified lifeguard vendor? Yes No
 - 1. Is the Association Applicant an additional insured on the vendor's insurance? Yes No

2. Are Certificates of Insurance requested from vendors insurance agent? Yes No
- g. Is there life saving equipment poolside? Yes No
10. Does the Association hire a vendor to provide pool maintenance and servicing? Yes No
- a. If yes, does the Association obtain a certificate of insurance evidencing a minimum of \$1,000,000 in comprehensive GL insurance? Yes No
11. Does the Association have playgrounds or tot lots? Yes No
- If yes:
- a. Describe the ground cover material.
- b. Age of Equipment and last maintenance date.
12. Does the Association have any non-pool water exposure: (i.e. pond, lake, marina, or dock)? Yes No
- a. If there is a pond, is there a fence around the perimeter? Yes No
- b. If yes to a., please provide details.
- c. If there is a pond or lake, are they used recreationally? Yes No
- d. If there is recreational use, is it limited to members and their guests? Yes No
13. Are certificates of liability insurance required and obtained from all Contractors' Insurance Agents? Yes No
14. Does the Association own, control and/or maintain any roads? Yes No
15. Are there onsite maintenance employees? Yes No
- Describe their duties.
16. Does the Association rent any premises to outside individuals or organizations? Yes No
- a. If yes, is special event insurance required naming the Association as an Additional Insured? Yes No
- b. If yes, is alcohol permitted? Yes No
17. Describe any annual or monthly community Association or Association sponsored events:
18. If there any other amenities or services provided by the Association to its members that have not been described on the application or this questionnaire? If yes, please list in "Additional Notes" section below..

Community Manager Section

Does Applicant have an independent community manager? If "Yes," please provide details below. Yes No

Name: _____

Address: _____

Phone: () ____ - _____ Fax: () ____ - _____

E-mail: _____ Website: www. _____ . _____

Professional Designations: _____

Additional Notes Section

****State Fraud Warnings**

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit