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Submitted By:
 Agency: _____
 Address: _____

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

**“Common Assurance” Umbrella Program
 Master Supplemental Application**

Insured: _____

1. Sub-Associations

(a) Please list the full legal names of all sub-associations:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____

- (b) Do all sub-associations procure their own insurance? Yes No
- (c) Do all sub-associations have their own board of directors? Yes No
- (d) Do all sub-associations have their own financials? Yes No
- (e) Total number of units in the sub-associations: _____

2. Does the master association own anything other than common area between sub-associations? Yes No

3. Does the master association own any buildings? If so, please detail (type and number):

4. Are the streets: Public Private / If “Private,” please provide approximate mileage: _____

5. Please detail any other property owned by the association (signs, lightpoles, fences, bridges, etc):

6. Are there any playgrounds? Yes No / If “Yes,” how many: _____

7. Are there any: No Recreational Courts

- Tennis Courts Racquetball Courts Volleyball Courts
- Basketball Courts Handball Courts Bocci Ball Courts
- Other Recreational Courts: _____

Master Association Supplemental Questionnaire (cont.)

8. Are there any security guards? Yes No / If "Yes," how many: _____
If "Yes," Are they Armed? Yes No

If "Yes," Are They: Employed by the Association Employed by a 3rd Party Contractor

If Security Guards are employed by a 3rd Party Contractor, does the association obtain from the 3rd Party Contractor:

- a. Certificates of insurance verifying at least \$1MM of Liability insurance coverage? Yes No
- b. Additional Insured status? Yes No
- c. Hold Harmless agreement? Yes No

9. Is there a lake? Yes No

If "Yes," is the lake used for recreational purposes (swimming or boating)? Yes No

10. Is there any greenbelt? Yes No If "Yes," how many acres? _____

11. Are the amenities for the use of unitowners and their guests only? Yes No

12. Are there any other amenities? Yes No

If "Yes," please provide details: _____

13. Are there any other exposures which you feel would be important for us to know about?

Yes No / If "Yes," please provide details: _____

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.

Signature **Date:** _____

Agency