



McGOWAN PROGRAM ADMINISTRATORS
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REAL ESTATE & HOSPITALITY UMBRELLA PROGRAM Condominium Supplemental Application

Applicant Name: _____

General Section

1. Please indicate which of the following best describes the risk:

- Commercial Condominium Association Vacation Rentals

NOTE: If condominium units are rented out like apartments, please complete a “Real Estate Supplemental Application.”

2. Is the owner occupancy rate less than 75%? Yes No
3. What percentage of the units are sold? _____
4. Does the applicant have written by-laws? Yes No
5. Are all units equipped with smoke detectors (either hard-wired or battery-powered)? Yes No
- a. Are battery-powered smoke detectors checked annually to ensure proper functioning? Hard-Wired Only Yes No

Commercial Condominium Section

Not applicable—there is no commercial condominium exposure.

1. Regarding the underlying Directors and Officers Liability coverage: N/A
- a. Has the applicant had more than one D&O claim within the past five years? Yes No
- b. Has the applicant been in existence for less than one year? Yes No
- c. Is the developer on the board of directors? Yes No
- d. Is there a negative fund balance? Yes No
2. Are there any in-patient medical facilities or surgery centers? Yes No

Vacation Rental Section

Not applicable—there are no vacation rentals.

1. How many units in the association are rented or have the potential to be rented? _____
2. Who is involved with renting the units (check all that apply)?
- The Association The Unit Owners A Third Party
- If “third party,” what is the name of the company administering the rental pool? _____
3. Does any one person or company own more than 10% of the total units in the association? Yes No
- a. If “yes,” what is the name of the entity? _____
4. Are there any timeshare units? Yes No If “yes,” how many units? _____
5. What are the minimum rental lengths permitted/available?
- Short-Term (Daily, Weekly) Monthly or Seasonally Biannually to Annually

Pool Section

Not applicable—there are no pools.

1. Are all pool areas 100% fenced (or the functional equivalent thereof, as in four walls surrounding an indoor pool)? Yes No
2. Are all means of ingress and egress to the pool areas controlled by self-closing or self-latching gates or doors? Yes No
3. Are the aforementioned self-closing or self-latching mechanisms in good working order? Yes No
4. Are all doors or gates leading into the pool areas locked at night? Yes No
5. Do all pool areas contain "Swim at Your Own Risk" signs, depth markers, and posted rules/hours of operation? Yes No
6. Are there any water features such as diving boards, slides, "lazy rivers," etc.? Yes No
7. Are members of the public permitted to use the pool or purchase pool memberships? Yes No
8. Are children permitted to swim in the pool unsupervised? Yes No
9. Can the pool area be directly accessed from any unit? Yes No
10. Do all pools contain anti-vortex drain covers in compliance with the Virginia Graeme Baker Pool & Spa Safety Act? Yes No

Owner-Operated Restaurant Section

Not applicable—there are no restaurants or bars operated by the applicant.

1. Please advise: Food Receipts: \$ _____ Liquor Receipts: \$ _____
2. Are automatic sprinkler systems in place? Yes No
3. Are all employees TIPS (or equivalent) trained? Yes No
4. Is the restaurant for use of unit owners and their guests only? Yes No
5. If any large events are held on-site, please advise: N/A
 - a. What types of events are held? _____
 - b. How many events are held per year? _____
 - c. How much alcohol is consumed? _____
 - d. Who supplies the bartenders? _____
 - e. What controls are in place? _____

Signature: _____

Date: _____