



McGOWAN PROGRAM ADMINISTRATORS
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Agency: _____
Address: _____
Contact: _____
Phone: _____
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TIMESHARE ASSOCIATION UMBRELLA APPLICATION

Application for Insurance and Risk Purchasing Group Membership

Applicant & General Information Section

Applicant Name: _____
Mailing Address: _____ City, State: _____ ZIP Code: _____
Effective Dates: _____ - _____ Limit: ☐ \$5MM ☐ \$10MM ☐ \$15MM ☐ \$25MM ☐ \$50MM ☐ \$75MM ☐ \$100MM

Underlying Insurance Section

NOTE: Underlying policies (or dec pages) and three years of currently valued, carrier-generated loss runs are required.

Policy Type	Carrier	Limits	Effective Dates
*General Liability		\$ ____ MM occurrence \$ ____ MM aggregate \$ ____ MM prod. & compl. ops.	_____ - _____
*Automobile Liability		\$ ____ MM combined single limit	_____ - _____
**Directors & Officers Liability		\$ ____ MM / \$ ____ MM	_____ - _____
**Employee Benefits Liability		\$ ____ MM / \$ ____ MM	_____ - _____
*Employers Liability		\$ ____ / \$ ____ / \$ ____	_____ - _____
Other: _____		\$ ____ MM / \$ ____ MM	_____ - _____

* Policy must be written on an occurrence form basis.

** Policy must be written on a claims-made form basis.

All underlying carriers must be A.M. Best-rated A- / VI or higher. All underlying policies must be written on a commercial lines basis.

Defense costs must be outside the limits of liability on all General Liability policies. GL aggregates must apply "per location" with no cap.

Underlying Policy Questions

1. Does the underlying General Liability policy apply on a "per location" basis if this is a multiple location risk? ☐ Yes ☐ No
a. If "yes," does the policy have a maximum aggregate cap? ☐ Yes ☐ No If "yes," what is the cap? \$ ____ MM

Life Safety Section

1. Have buildings over seven stories been inspected by a General Liability carrier within the past three years? ☐ Yes ☐ No
2. Are there any outstanding mandatory or critical loss control recommendations? ☐ Yes ☐ No
3. Do all buildings comply with property statutes, local and state ordinances, and building codes? ☐ Yes ☐ No
4. Do any buildings contain aluminum wiring that has NOT been remediated with the COPALUM crimp method? ☐ Yes ☐ No
5. Do all buildings have two means of egress per floor, properly marked? ☐ Yes ☐ No
6. Are all units equipped with smoke detectors (either hard-wired or battery-powered with annual maintenance)? ☐ Yes ☐ No
7. Are all locations ISO town class eight or better? ☐ Yes ☐ No
8. Do all interior corridors have emergency lighting, self-closing fire doors, and lighted exit signs? ☐ Yes ☐ No

Pool Section

☐ **Not applicable—there are no pools.**

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do all pools contain anti-vortex drain covers in compliance with the Virginia Graeme Baker Pool & Spa Safety Act? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are all pool areas 100% fenced (or the functional equivalent thereof, as in four walls surrounding an indoor pool)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are all means of in/egress to the pool areas controlled by functioning self-closing or self-latching gates or doors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are all doors or gates leading into any indoor pool areas locked at night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do all pool areas contain "Swim at Your Own Risk" signs, depth markers, and posted rules/hours of operation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is the clarity of the pool water checked daily by an employee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are there any water features such as diving boards, slides, "lazy rivers," etc.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Can the pool area be directly accessed from any unit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

General Section

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

- ☐ A timeshare association where individuals purchase slots of time
- ☐ A fractional timeshare association where individuals purchase deeds of ownership

If neither of these options apply to the risk, please contact your McGowan Program Administrators underwriter.

2. Is there a rental pool? ☐ Yes ☐ No
- a. If "yes," what is the average number of units rented on a monthly basis? _____
- b. Is the rental pool handled by the applicant or by a third party? ☐ Applicant ☐ Third Party
- If "applicant," please provide a copy of the rental agreement in place.*
3. Are 100% of the units in the building included in the timeshare? ☐ Yes ☐ No
- a. If "no," please provide additional details: _____
4. Is the applicant responsible for any amenities? _____ ☐ No
5. Does the applicant provide any services? _____ ☐ No
6. On average, does the location maintain a monthly occupancy rate of at least 70%? ☐ Yes ☐ No
7. Roughly how many timeshare holders or owners make up the association? _____
8. Are any units available to "spring breakers"? ☐ Yes ☐ No

Directors and Officers Section

- | | | |
|--|------------------------------|-----------------------------|
| 1. Has the association incurred more than one D&O claim within the past three years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has the association been in existence for more than one year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the developer on the board of directors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the association have a negative fund balance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Restaurant Section

☐ **Not applicable—there are no restaurants or bars.**

- | | | |
|---|------------------------------------|--------------------------------------|
| 1. Are functioning hood and duct fire extinguishing systems in place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have all employees undergone formal alcohol dispensation training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are all restaurants in compliance with local, state, and federal sanitation guidelines and NFPA regulations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the restaurant operated by the applicant or by a third party? | <input type="checkbox"/> Applicant | <input type="checkbox"/> Third Party |

Marina Exposures Section

☐ **Not applicable—there is no first party marina exposure.**

1. Is there any marina exposure open to the public? ☐ Yes ☐ No
2. Is the association responsible for maintaining any lakes or ponds? ☐ Yes ☐ No
 - a. If “yes,” please indicate which activities are permitted on the lake or pond:
☐ **NONE** ☐ Swimming ☐ Boating ☐ Skating ☐ Other: _____
 - d. If no activities are permitted, are there signs prohibiting use of the lake or pond? ☐ Yes ☐ No
3. Please complete the following for any piers: ☐ N/A

Length	Year Built	Primary Use (Walking, Fishing, etc.)	Describe Any Vendors or Restaurants on the Pier
ft.			

- a. Is there pier designed to accommodate watercraft? ☐ Yes ☐ No
- b. Is there an annual inspection for structural deficiencies? ☐ Yes ☐ No
- c. Are there signs prohibiting swimming or diving? ☐ Yes ☐ No
4. Please complete the following for any boat slips or docks: ☐ N/A

# of Slips/Docks	Safety Measures (e.g., Security Cameras, Signs Prohibiting Public Use, etc.)

- a. Does the underlying General Liability policy provide coverage for the boat slips? ☐ Yes ☐ No
- b. Is use of the boat slips restricted to daytime only? ☐ Yes ☐ No
- c. Is fuel storage available? ☐ Yes ☐ No
- d. Do any employees of the applicant fuel boats? ☐ Yes ☐ No
5. Is there any other first party marina exposure of which we should be aware? _____ ☐ No

Miscellaneous Exposures Section

1. Are there any security guards? ☐ Yes ☐ No
 - a. Are the security guards armed? ☐ Yes ☐ No
 - b. Are the security guards employed by a third party or by the applicant? ☐ Applicant ☐ Third Party
2. Is there a catering or valet service at the location (note: additional information may be required)? ☐ Yes ☐ No
3. Are any buildings on the schedule currently undergoing construction or development? ☐ Yes ☐ No
4. Are units available as subsidized or low-income housing? ☐ Yes ☐ No

Hold Harmless Section

1. Does the applicant obtain written contracts from all third party tenants and service providers? ☐ Yes ☐ No

NOTE: “Service providers” include, but are not limited to: contractors, security guards, valets, and maintenance services.

If “yes,” do those contracts and/or leases:

- a. Require third parties to carry at least \$1MM/\$2MM in General Liability limits? ☐ Yes ☐ No
- b. Require that the applicant be named as an additional insured on the third party’s liability policies? ☐ Yes ☐ No
- c. Contain language that indemnifies and holds harmless the applicant? ☐ Yes ☐ No
- d. Contain a waiver of subrogation in favor of the applicant? ☐ Yes ☐ No
- e. Specify that the third party’s insurance is primary to the applicant’s? ☐ Yes ☐ No

Owned Vehicle Section

☐ Not applicable—there are no owned vehicles.

1. Are MVRs obtained annually for all drivers? ☐ Yes ☐ No

2. Is annual preventative maintenance performed on the vehicles? ☐ Yes ☐ No

3. Please provide the number of each type of vehicle:

PPT/Light: _____ Medium: _____ Heavy: _____ Other (Please Describe): _____

4. Please complete the below or provide a schedule with the following information:

Vehicle Identification Number	Make/Model/Year	# of Passengers	# Trips per Month	Describe Use (e.g., "service" or "transport")

5. For any transportation vehicles, please advise: ☐ N/A

a. Are only the applicant and the applicant's guests permitted to ride in the vehicles? ☐ Yes ☐ No

b. Are all vehicles licensed for commercial use? ☐ Yes ☐ No

c. Please describe scope of transportation (e.g., "three miles to airport"): _____

Location Information Section

Please fill out the below information. If schedule consists of more than three locations, please submit an SOV containing the below information.

Location Address: _____ City, State: _____ ZIP Code: _____

Additional Named Insured/DBA: _____

Stories: _____ # Units: _____ # Pools: _____ LRO Square Footage: _____ Construction Type: _____

Sprinkler Status: ☐ 100% ☐ Partial (Area: _____) ☐ 0% Alarm Type: ☐ Central Station ☐ Local ☐ None

Year Built: _____ Average Unit Value: _____ Liquor Receipts: _____ Food Receipts: _____

Location Address: _____ City, State: _____ ZIP Code: _____

Additional Named Insured/DBA: _____

Stories: _____ # Units: _____ # Pools: _____ LRO Square Footage: _____ Construction Type: _____

Sprinkler Status: ☐ 100% ☐ Partial (Area: _____) ☐ 0% Alarm Type: ☐ Central Station ☐ Local ☐ None

Year Built: _____ Average Unit Value: _____ Liquor Receipts: _____ Food Receipts: _____

Location Address: _____ City, State: _____ ZIP Code: _____

Additional Named Insured/DBA: _____

Stories: _____ # Units: _____ # Pools: _____ LRO Square Footage: _____ Construction Type: _____

Sprinkler Status: ☐ 100% ☐ Partial (Area: _____) ☐ 0% Alarm Type: ☐ Central Station ☐ Local ☐ None

Year Built: _____ Average Unit Value: _____ Liquor Receipts: _____ Food Receipts: _____

Uninsured and Underinsured Motorists Liability Coverage Selector

- ☐ I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization 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 I represent will be surcharged for this coverage. Coverage is only available in the following states: FL, LA, NH, VT and WV.

Terrorism Coverage Selector

- ☐ I decline to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent will have no Certified "Acts of Terrorism" coverage.
- ☐ I would like to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent may be surcharged of our ordinary premium for this coverage.

Fact, Statements, & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement - Terms & Conditions of Membership (Including Purchasing Group Fee Disclosure); Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof)

Fact Statements & Fraud Notice. 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 When Due (If Applicable) [Premiums, Fees, Taxes & Surcharges Will Be Individually-Detailed On Applicant's Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (hereinafter "EOI")]; (6) That It Understands And Agrees That Any Additional Material Supplied By Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of This Application For Insurance; (7) That It Understands And Agrees That This Application Shall Be The Basis Of The Contract Should A Policy &/Or EOI Be Issued, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (8) That It Understands And Agrees That This Application Will Become A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [15 U.S.C. §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 (And Any Subsequent Continuations or Revisions Thereof). By Signing Below, Applicant Agrees That It Has Read And Understands The Most Recent Disclosure Pursuant to Terrorism Risk Insurance Act 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 MGU's Income, And Your Insurance Broker's Income.

(Version v2015.01.01)

_____, 20____
Signature of Applicant Date

Printed Name: _____

Title: _____

_____, 20____
Signature of Insurance Broker Date

Printed Name: _____

Title: **Insurance Broker**