



McGOWAN PROGRAM ADMINISTRATORS
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Agency: _____
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COMMUNITY ASSOCIATIONS UMBRELLA APPLICATION

Application for Insurance and Risk Purchasing Group Membership

Applicant & General Information Section

Applicant Name: _____

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

Effective Dates: _____ - _____ Additional Named Insured(s): _____

\$1MM \$3MM \$5MM \$10MM \$15MM \$20MM \$25MM \$50MM \$75MM \$100MM

Based on the definitions below, please indicate which type of association best describes this risk:

- Commercial Association A condominium-style association in which units are used for business purposes
- Condominium-Style Association Individuals own interior space of units; owners jointly share a title to common areas
- Cooperative Unit owners have proprietary leases but are members of a corporation that owns the entire property
- Homeowners Association Planned community of single-family residences where common areas are owned by an association
- Master Association Association manages the common elements shared by any/all separate sub-associations
- PUD-Style Association Community formed with local municipal authorities where common areas are owned by an association

Underlying Section

Please indicate below which underlying coverages are requested. **Supporting copies of underlying quotes, binders, or policies are required.**

Requested	Underlying Coverage	Minimum Underlying Limits Required
X	General Liability	\$1MM occurrence / \$2MM general aggregate / \$1MM products & completed ops
	Hired & Non-Owned Auto. Liability	\$1MM CSL or included in GL general aggregate
	Automobile Liability	\$1MM CSL
	Directors & Officers Liability	\$1MM per claim / \$1MM aggregate (*defense outside limits)
	Employee Benefits Liability	\$1MM per claim / \$1MM aggregate
	Employers Liability	\$100K per accident / \$500K aggregate / \$100K per employee
	Other: _____	Please indicate limits: \$_____ MM / \$_____ MM

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

Underlying Losses: Please submit three years of current, carrier-generated loss runs for all lines of business marked above.

- New purchase or new construction; therefore, loss runs are not available.

Directors & Officers Section

- 1. Are defense costs outside the limits of liability on the underlying Directors & Officers Liability policy? Yes No
- 2. Has the association been in existence for more than one year? Yes No
- 3. Is there a positive fund balance? Yes No
- 4. Does the association have written by-laws? Yes No
- 5. Does the sponsor/developer control the board of directors? Yes No
- 6. Does any one individual or entity own more than 50% of the units? Yes No

Location Information & Life Safety Section

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

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

Stories: _____ Construction Type: _____ Year Built: _____ Sprinkler: 100% Common Areas 0%

Residential Units: _____ Commercial Sq. Feet: _____ Miles Owned Road: _____ # Pools: _____

1. Are there any outstanding mandatory or critical loss control recommendations? Yes No
2. Do any buildings contain aluminum wiring NOT remediated with the COPALUM crimp method? Yes No
3. Do all buildings comply with property statutes, local and state ordinances, and building codes? Yes No
4. Are all units equipped with smoke detectors, either hard-wired or battery-powered with annual maintenance? Yes No
5. Do all buildings have two means of egress per floor, properly marked? Yes No
6. Are all locations at least 70% occupied? Yes No

High-Rise Life Safety Section (8+ Stories)

Not applicable—all buildings are seven stories or less.

Alarm Type: Central Local None Function: Manual Pull Automatic Both Alert: Visual Audible Both

1. Do all interior stairwells contain at least two fire towers with U.L. Class B fire doors? Yes No
2. Do all interior stairwells contain emergency lighting and lighted exit signs? Yes No
3. Are all buildings equipped with standpipes? Yes No
4. Have all buildings been inspected by a General Liability carrier within the past three years? Yes No

Pool Section

Not applicable—there are no pools.

1. Please check all of the following that apply to the pool/pool area:

- Anti-Vortex Drain Covers 100% Fenced (Or 100% Enclosed by Walls) Posted Depth Markers
 Posted Hours of Operation Self-Closing/Self-Latching Gates "Swim At Your Own Risk" Signs

2. Is the clarity of the pool water checked regularly? Yes No
3. Are there any water features such as diving boards, slides, "lazy rivers," etc.? Yes No
4. Can the pool area be directly accessed from any residential unit? Yes No

Miscellaneous Exposures Section

1. Please indicate whether any of following exposures are present at any location:

- NONE OF THE FOLLOWING** Assisted Living/Nursing Homes Children's Camps/Day Cares Hotel-Like Services
 Student Housing or Dorms Subsidized or Low-Income Housing Valet Services Owned Watercraft

2. Are there any security guards? Yes No
 - a. Are the security guards armed? Yes No
 - b. Are the security guards employed by the applicant or by a third party? Applicant Third Party
3. Is the applicant responsible for maintaining any lakes or ponds? Yes No
 - a. If "yes," which activities are permitted? NONE Boating Skating Swimming Other: _____
 - b. If no activities are permitted, are there signs prohibiting use of the lake or pond? Yes No
4. Please advise the following for any golf courses: N/A Golf Course Open to Public Golf Course for Association Only

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, 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

Master Association Section

- Not applicable—risk is not a master association (association manages the common elements shared by any/all separate sub-associations).**

1. For which of the following amenities is the applicant responsible? (Check all that apply.)

NONE—the master association is not responsible for any amenities

Bridges Clubhouses Playgrounds Pools Sport Courts/Fitness Centers Streets/Roads Walkways/Towpaths

Other: _____

2. Please advise: Total # Units in Sub-Associations: _____ Total Commercial Sq. Ft. in Sub-Associations: _____

3. Do all sub-associations have their own insurance, board of directors, and financials? 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 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")

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

- a. Are only the residents permitted to ride in the vehicles? Yes No

- b. Please describe scope of transportation (e.g., "three miles to mall"): _____

Rental Unit Section

- Not applicable—there are no rental units.**

Rental Units: # Daily, Weekly, Biweekly: _____ # Monthly or Seasonal: _____ # 6 Month to Annual: _____

1. Which entity is responsible for the renting of units? Applicant Third Party Rental Pool Unit Owners

2. If "third party rental pool," does the applicant obtain written contracts that:

- a. Contain hold harmless and indemnification agreements in favor of the applicant? Yes No

- b. Require "additional insured" status under said third party's liability insurance? Yes No

- c. Require certificates of insurance evidencing at least \$1MM in liability insurance? Yes No

3. Are any units rented to student "spring breakers"? Yes No

Restaurant Section

Not applicable—there is no restaurant.

1. Please provide the following annual receipts: **Liquor:** \$ _____ **Food:** \$ _____
2. Is the restaurant open to the public? Yes No
3. Are functioning hood and duct fire extinguishing systems in place? Yes No
4. Have all employees undergone formal alcohol dispensation training? Yes No
5. Are all restaurants in compliance with local, state, and federal sanitation guidelines and NFPA regulations? Yes No
6. Is the restaurant operated by the applicant or by a third party? Applicant Third Party

Construction & Development Section

Not applicable—there is no ongoing construction or development.

Units: # Currently Fully Built: _____ # Currently Occupied: _____ # Currently Sold: _____

1. What is the expected completion date for the construction/development? _____
2. How many units are expected at final build-out? _____
3. Is the underlying General Liability policy providing coverage for any buildings undergoing construction/development? Yes No

Boardwalk, Dock, & Pier Section

Not applicable—there is no boardwalk, dock, pier, or similar exposure.

Length: _____ ft. Year Built: _____ Primary Use (Walking, Fishing, etc.): _____

1. If the structure extends into a body of water, how far does it extend? _____ ft. N/A
2. How many boats can the structure accommodate? _____ N/A
3. Are there any vendors or restaurants on the structure? Yes No
4. Is there an annual inspection for structural deficiencies? Yes No
5. What safety features are in place? Cameras "No Swimming/Diving" Signs Roping/Fencing Other: _____
6. Is the boardwalk, dock, or pier open to the public? Yes No
7. Are there any fueling/fuel storage services available? Yes No
8. Does the underlying General Liability policy provide coverage for the boardwalk, dock, or pier exposure? Yes No
- a. If "no," is the exposure covered on a Marina Operators Legal Liability (MOLL) or Protection & Indemnity policy? Yes No

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**

SUBMIT