

**McGOWAN PROGRAM ADMINISTRATORS**

Home Office – 20595 Lorain Road
Fairview Park, OH 44126
P: (440) 333-6300 / F: (440) 333-3214
www.mcgowanprograms.com

Agency: _____
Address: _____
Contact: _____
Phone: _____
E-Mail: _____

Community Association Umbrella Program

Application for Insurance and Risk Purchasing Group Membership

Applicant & General Information

Applicant Name: _____

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

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

Type of Association: ☐ Condominium Association ☐ Single - Family Home HOA / POA ☐ Master Association
☐ Townhome (Condo Style) ☐ Townhome (HOA Style) ☐ Commercial Association
☐ Cooperative ☐ Mixed Use Condominium Association

Limit Requested: ☐ \$1MM ☐ \$3MM ☐ \$5MM ☐ \$10MM ☐ \$15MM ☐ \$20MM ☐ \$25MM ☐ \$50MM ☐ \$75MM ☐ \$100MM

Underlying Insurance

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.	_____ - _____
**Directors & Officers Liability		\$ ____ MM	_____ - _____
*Automobile Liability		\$ ____ MM CSL	_____ - _____
*Hired/Non-Owned Auto		<input type="checkbox"/> Included in GL aggregate \$ ____ MM	_____ - _____
**Employee Benefits Liability		\$ ____ MM / \$ ____ MM	_____ - _____
*Employers Liability		\$ ____ / \$ ____ / \$ ____	_____ - _____
*Liquor Liability		\$ ____ MM / \$ ____ MM	_____ - _____
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. General Liability policies must: (a) contain an endorsement or policy language which provides for Defense Costs Outside The Limits; and, (b) with regards multiple-location risks, provide coverage on an "Aggregates Per Location" basis.

Risk Transfer

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

If "yes," under those contracts, is the applicant:

- a. Held harmless by and indemnified for the acts of said service providers? ☐ Yes ☐ No
- b. Provided "additional insured" status under said service providers' liability insurance? ☐ Yes ☐ No
- c. Provided certificates of insurance evidencing at least \$1MM in liability insurance? ☐ Yes ☐ No

Location Information

Blanks will be interpreted as "0." If there are additional locations, please provide us with a spreadsheet summarizing the information below.

Condominium/Co-op Style Units (1-3 stories): _____ # Single-Family Home HOA/PUD/POA Units: _____
Condominium/Co-op Style Units (4-9 stories): _____ # Swimming Pools: _____
Condominium/Co-op Style Units (10+ stories): _____ Commercial Exposure (in square feet): _____

Construction Type: ☐ Frame ☐ JM ☐ Masonry Non-Combustible ☐ Non-Combustible ☐ Fire Resistive

Stories: _____ Year of Construction: _____ Average Unit Value: _____ Miles of Road Maintained by Applicant _____

Sprinkler status: ☐ 100% ☐ Partial (All common areas) ☐ Not Sprinklered

Life Safety – Condominium Style Associations

☐ Not Applicable — Not a condominium style association.

1. Smoke detector type: ☐ Battery Powered ☐ Hard-Wired ☐ Hard-Wired with Battery Backup
- a. Is there an annual maintenance program for battery powered detectors to ensure proper functioning? ☐ Yes ☐ No
2. Do any buildings contain aluminum wiring? ☐ Yes ☐ No
- a. If "yes," does the wiring have copalum crimp repair? ☐ Yes ☐ No
3. Do all buildings comply with local and state ordinances and state building codes? ☐ Yes ☐ No
4. Are there any outstanding mandatory (i.e. critical) loss control recommendations? ☐ Yes ☐ No
5. Are there two (2) means of egress per unit? ☐ Yes ☐ No
6. Buildings 4+ stories ☐ N/A – Building is 3 stories or less
- a. Do corridors contain lighted exit signs and emergency lighting that illuminates means of egress? ☐ Yes ☐ No
- b. Are the emergency lighting systems tested annually? ☐ Yes ☐ No
- c. Are exit signs clearly marked? ☐ Yes ☐ No
- d. Are all exit doors unlocked and unobstructed? ☐ Yes ☐ No
- e. Are all exit doors leading into stairwells fire-rated? ☐ Yes ☐ No
- f. Does the building have standpipes? ☐ Yes ☐ No
- g. Does the building have fire extinguishers on each floor? ☐ Yes ☐ No
- h. Does the building have at least two fire towers with UL approved fire doors and interior stairwells completely enclosed with non-combustible material and emergency illumination? ☐ Yes ☐ No
- i. Does the building have: (1) A manually operated fire alarm system with audible alarm devices or (2) A visual alarm device which transmits automatically to the central station/fire/police department? ☐ Yes ☐ No
7. Has a GL carrier inspected all buildings 8 stories and higher in the past 3 years? ☐ Yes ☐ No

Additional Exposures

1. Please indicate whether any of the following exposures apply:

- | | |
|--|---|
| <input type="checkbox"/> Hotel-like exposures | <input type="checkbox"/> Nursing home, nursing care, extended care, senior housing or assisted living |
| <input type="checkbox"/> Vacant buildings | <input type="checkbox"/> Affordable housing |
| <input type="checkbox"/> Student housing | <input type="checkbox"/> Subsidized housing |
| <input type="checkbox"/> Night clubs/Live entertainment | <input type="checkbox"/> Private golf course |
| <input type="checkbox"/> Children's camps | <input type="checkbox"/> 55+ Community |
| <input type="checkbox"/> Other (Public golf courses, Equestrian, Skate parks): _____ | |

Directors and Officers Liability

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has the Association been in existence for less than one (1) year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the developer on the board of directors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is there a negative fund balance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the Association have written by-laws? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is the occupancy rate 65% or greater? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are defense costs outside the limits of liability on the underlying Directors & Officers Liability policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Life Safety - Pool

☐ **Not Applicable – Applicant does not have a pool.**

- | | | |
|--|------------------------------|-----------------------------|
| 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 doors or self-latching gates? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are all doors or gates leading into the 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 |

Rental Exposures

☐ **Not Applicable — No rentals.**

- | | |
|--|--|
| 1. How many units in the association are rented? | _____ |
| # of short term rentals (daily/weekly)? | _____ |
| # of monthly or seasonal rentals (1 – 5 months)? | _____ |
| # 6 months to annual rentals? | _____ |
| 2. Is the Applicant involved in the rental of units? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is there a "rental pool"? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Name of company administering the "rental pool"? | _____ |
| 4. Are owners permitted to self rent their unit or choose their own rental company? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do any unit owners rent their units to "spring breakers"? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "yes," are the spring break renters: students, families or both? | _____ |
| 6. List any one person/company who owns more than 10% of the total units in the association? | _____ |
| 7. Are any of the units in the complex Timeshare units? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Risks Under Construction

☐ **Not Applicable — Risk is not under construction.**

- | | |
|---|--|
| 1. How many homes/units will there be at final build out? | _____ |
| 2. When is final build out expected? | _____ |
| 3. How many homes/units are currently: Built? _____ Sold? _____ Occupied? _____ | |
| 4. Is the risk under the developer's control (i.e. Is the developer making all decisions for the association at this time?) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is the developer on the board of directors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If "yes," what is the name of the developer entity? | _____ |
| 6. Are there unit/homeowners on the board? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Master Associations

☐ **Not Applicable—The applicant is not a master association.**

1. Total number of units in sub-associations: _____ Units
2. Total square footage for commercial exposures: _____ Sq. feet
3. Does the master association own or maintain any buildings (e.g. clubhouse, restaurant)? ☐ Yes ☐ No
 - a. If yes, please describe: _____
4. Does the master association own or maintain any bridges, walkways, bike paths or towpaths? ☐ Yes ☐ No
 - a. If yes, please describe: _____
5. What amenities is the applicant responsible for (e.g., tennis/basketball/volleyball courts, etc.)?

6. Are the amenities for the use of unit owners and their guests only? ☐ Yes ☐ No
7. Please list the full legal names of all sub-associations:

8. Do all sub-associations have their own insurance, board of directors, and financials? ☐ Yes ☐ No

Lakes, Ponds, Beaches or Dams

☐ **Not Applicable — No lakes, ponds, beaches or dams.**

1. What is the number of lakes or ponds that the Applicant owns or maintains? ☐ N/A _____
2. For Applicants with lakes or ponds:
 - a. Please indicate which activities are permitted:
☐ **NONE** ☐ Swimming ☐ Boating ☐ Skating ☐ Ice fishing ☐ Other: _____
 - b. For lakes or ponds susceptible to freezing, are signs posted prohibiting ice skating? ☐ N/A ☐ Yes ☐ No
 - c. If no activities are permitted, are there signs prohibiting use of the lake or pond? ☐ N/A ☐ Yes ☐ No
3. Does the Applicant own watercraft? ☐ Yes ☐ No
 - a. Please provide details of owned watercraft: _____
4. What is the number of beaches the Applicant owns or maintains? ☐ N/A _____
 - a. If the Applicant owns and maintains a beach, is it private (for unit owners and guests only) or public? ☐ Private ☐ Public
5. Does the Applicant own and maintain a dam? ☐ Yes ☐ No
 - a. Does the dam have insurance in place separate from the Applicant's GL? ☐ N/A ☐ Yes ☐ No

Restaurant Exposures

☐ **Not Applicable — No restaurant exposures.**

1. Is the restaurant operated by the Association or by a third party? ☐ Association ☐ Third Party
2. Is the restaurant's max capacity under 200? ☐ Yes ☐ No
3. Have all employees undergone formal alcohol dispensation training? ☐ Yes ☐ No
4. Are functioning hood and duct fire extinguishing systems in place? ☐ Yes ☐ No
5. Are all restaurants in compliance with local, state, and federal sanitation guidelines and NFPA regulations? ☐ Yes ☐ No
6. Annual food and liquor receipts? Food: \$ _____ Liquor: \$ _____
7. If "third party," does the applicant obtain written contracts that:
 - a. Contain hold harmless agreements? ☐ Yes ☐ No
 - b. Require "additional insured" status under said restaurant's liability insurance? ☐ Yes ☐ No
 - c. Require certificates of insurance evidencing at least \$1MM in liability insurance? ☐ Yes ☐ No

Security Guards

☐ **Not Applicable — No security guards.**

1. Number of armed security guards? _____
2. Number of unarmed security guards? _____
3. Are the security guards employed by the Association or by a third party contractor? ☐ Association ☐ Third Party
4. If "third party," does the applicant obtain written contracts that:
 - a. Contain hold harmless and indemnification agreements? ☐ Yes ☐ No
 - b. Require "additional insured" status under said security guards' liability insurance? ☐ Yes ☐ No
 - c. Require certificates of insurance evidencing at least \$1MM in liability insurance? ☐ Yes ☐ No

Owned Vehicles

☐ **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	Use (Service or Transport)

5. For any transportation vehicles, please advise: ☐ **N/A**
 - a. Are vehicles for use of the applicant and applicant's guests only? ☐ Yes ☐ No
 - b. Are all vehicles licensed for commercial use? ☐ Yes ☐ No
 - c. Please describe scope of transportation (e.g., "three miles to airport"): _____
6. Please complete the below or provide a schedule with the following information:

Driver Name	Date of Birth	Years Experience	State Licensed	License Number	Date of Hire

Valet Service

☐ **Not Applicable — No valet exposures.**

1. Is the valet service operated by the Association or by a third party contractor? ☐ Association ☐ Third Party
2. Please provide the Applicant's Garagekeepers Legal Liability coverage:
Carrier _____ Effective Date _____ Limit _____
3. Does the Applicant obtain background checks on the valets and require they do not have a criminal record? ☐ Yes ☐ No
4. Does the Applicant obtain MVRs annually on the valets? ☐ Yes ☐ No
5. Does the Applicant require that all valets have 4 points or less on their license and zero points from DUIs, Drag Racing, or Reckless Operation violations? ☐ Yes ☐ No
6. If "third party," does the applicant obtain written contracts that:
 - a. Contain hold harmless and indemnification agreements? ☐ Yes ☐ No
 - b. Require "additional insured" status under said valets' liability insurance? ☐ Yes ☐ No
 - c. Require certificates of insurance evidencing at least \$1MM in liability insurance? ☐ Yes ☐ No

Marina Exposures

☐ **Not Applicable — No marina exposures.**

1. Please indicate whether the following exposures are present:

☐ Marinas ☐ Boat Slips / Docks ☐ Piers

2. Does the underlying GL policy exclude liability arising from the above referenced marina exposures? ☐ Yes ☐ No

3. Are any above marina exposures open to the public? ☐ Yes ☐ No

4. Please complete the following for any piers:

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

- a. Is the pier maintained by the Association or by a third party contractor? ☐ Association ☐ Third Party
- b. Is the pier designed to accommodate watercraft? ☐ Yes ☐ No
- c. Is there an annual inspection for structural deficiencies? ☐ Yes ☐ No
- d. Are there signs prohibiting swimming or diving? ☐ Yes ☐ No

5. Please complete the following for any boat slips or docks:

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

- a. Are the boat slips/docks maintained by the Association or by a third party contractor? ☐ Association ☐ Third Party
- 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
- e. Are there gas docks or marina repair facilities? ☐ 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**