



**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: \_\_\_\_\_  
Email: \_\_\_\_\_

## APARTMENT AND “LRO” REAL ESTATE APPLICATION

### Application for Insurance and Risk Purchasing Group Membership

#### Applicant & General Information Section

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Description of Operations: \_\_\_\_\_ Effective Dates: \_\_\_\_\_ - \_\_\_\_\_

☐ \$1MM ☐ \$3MM ☐ \$5MM ☐ \$7MM ☐ \$10MM ☐ \$15MM ☐ \$20MM ☐ \$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.**

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

Policy Type	Carrier	Limits	Effective Dates
*General Liability		\$ ____ MM occurrence \$ ____ MM aggregate \$ ____ MM prod. & compl. ops.	_____ - _____
*Hired & Non-Owned Auto. Liab.		<input type="checkbox"/> Included in GL aggregate \$ ____ MM combined single limit	_____ - _____
*Automobile Liability		\$ ____ MM combined single limit	_____ - _____
**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. 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

#### Hold Harmless Section

1. Does the applicant obtain written contracts from all service providers hired to work on their premises? ☐ 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

## Life Safety Section

1. Have all buildings been inspected by a General Liability carrier within the last 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 locations ISO town class eight or better? ☐ Yes ☐ No
7. Do all interior stairwells contain at least two fire towers with U.L. Class B fire doors? ☐ Yes ☐ No
8. Do all interior stairwells contain emergency lighting and lighted exit signs? ☐ Yes ☐ No
9. Are all buildings over seven stories in height equipped with standpipes? ☐ N/A ☐ 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? ☐ Yes ☐ No
2. Are all pool areas 100% fenced (or the functional equivalent thereof, as in four walls surrounding an indoor pool)? ☐ Yes ☐ No
3. Are all means of in/egress to the pool areas controlled by functioning self-closing doors or self-latching gates? ☐ 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. Is the clarity of the pool water checked daily by an employee? ☐ Yes ☐ No
7. Are there any water features such as diving boards, slides, "lazy rivers," etc.? ☐ Yes ☐ No
8. Can the pool area be directly accessed from any unit? ☐ Yes ☐ No

## Miscellaneous Exposures Section

1. Are any buildings on the schedule currently undergoing ground-up construction? ☐ Yes ☐ No
2. Please indicate whether any of following exposures are present at any location:  
☐ **NONE OF THE FOLLOWING**    ☐ Valet Service    ☐ Marina (Lakes, Ponds, Boat Slips, Piers, Watercraft)
3. Is there any vacant land on the schedule? ☐ Yes ☐ No
  - a. Is the vacant land fenced? ☐ Yes ☐ No
  - b. Are there any plans for activity or development within the next 12 months? ☐ Yes ☐ No
  - c. Do any third parties have access to the land? ☐ Yes ☐ No

## Security Guards Section

☐ **Not applicable—there are no security guards.**

1. Are the security guards armed? ☐ Yes ☐ No
2. Are the security guards employed by the applicant or by a third party? ☐ Applicant ☐ Third Party  
If "third party," does the applicant obtain written contracts that:
  - a. Contain hold harmless 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

## Residential Section

☐ **Not applicable—there is no residential exposure.**

1. Please indicate whether any locations contain the following:

- ☐ **NONE OF THE FOLLOWING**
☐ Assisted Living
 ☐ Boarding Houses or SROs  
☐ Single-Family Dwellings with Swimming Pools
 ☐ Student Housing or Dorms  
☐ Voucher-Based Subsidized Housing\*\*
 ☐ Low-Income Tax Credit Housing\*\*

\*\* Please provide section numbers and number of units per location: \_\_\_\_\_

## Lessor's Risk Commercial Section

☐ **Not applicable—there is no Lessor's Risk exposure.**

1. Please indicate whether any locations contain the following:

- ☐ **NONE OF THE FOLLOWING**
☐ "Adult" Establishments
 ☐ Bars with Dance Floors
 ☐ Child Care Centers  
☐ Convenience Stores
 ☐ In-Patient Facilities
 ☐ Movie Theaters
 ☐ Night Clubs

2. Are all restaurants 100% sprinklered and equipped with hood and duct extinguishing systems? ☐ N/A ☐ Yes ☐ No
3. Do any locations contain explosives, harsh chemicals, or high-hazard materials? ☐ Yes ☐ No
4. Do any buildings contain medium or heavy manufacturing? ☐ Yes ☐ No
5. Does the applicant obtain written leases from all commercial tenants that:
- a. Require tenants to carry at least \$1MM in General Liability limits that is primary to the applicant's? ☐ Yes ☐ No
- b. Require that the applicant be named as an additional insured on the tenants' 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

## 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	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

## Location Information Section

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

Location Address: \_\_\_\_\_ City, State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Additional Named Insured: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Stories: \_\_\_\_\_ Construction Type: \_\_\_\_\_ % Occupied: \_\_\_\_\_ # Pools: \_\_\_\_\_ Year Built: \_\_\_\_\_

# Residential Units: \_\_\_\_\_ Office Sq. Ft.: \_\_\_\_\_ Retail Sq. Ft.: \_\_\_\_\_ Warehouse Sq. Ft.: \_\_\_\_\_

Acres Vacant Land: \_\_\_\_\_ Commercial Tenants: \_\_\_\_\_

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

Sprinkler Status: ☐ 100% ☐ Common Areas ☐ 0% Smoke Detectors: ☐ Hard-Wired ☐ Battery with Annual Maintenance ☐ None

Location Address: \_\_\_\_\_ City, State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Additional Named Insured: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Stories: \_\_\_\_\_ Construction Type: \_\_\_\_\_ % Occupied: \_\_\_\_\_ # Pools: \_\_\_\_\_ Year Built: \_\_\_\_\_

# Residential Units: \_\_\_\_\_ Office Sq. Ft.: \_\_\_\_\_ Retail Sq. Ft.: \_\_\_\_\_ Warehouse Sq. Ft.: \_\_\_\_\_

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Sprinkler Status: ☐ 100% ☐ Common Areas ☐ 0% Smoke Detectors: ☐ Hard-Wired ☐ Battery with Annual Maintenance ☐ None

## 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](http://www.purchasinggroups.com); (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At [www.purchasinggroups.com](http://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](http://www.purchasinggroups.com).

**To Learn More.** Please Visit [www.purchasinggroups.com](http://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**

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**\*\*NOTE: You must download app to computer to submit. Submit button will not work in browser.\*\***