



McGOWAN PROGRAM ADMINISTRATORS
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Brokerage: _____
 Address: _____
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APARTMENT AND LESSOR'S RISK COMMERCIAL UMBRELLA APPLICATION

Application for Insurance and Purchasing Group Membership

Applicant & General Information Section

Applicant Name: _____
 Description of Operations: _____
 Effective Dates: _____ - _____ Mailing Address Care Of: _____
 Mailing Address: _____ City: _____ State: _____ ZIP Code: _____
 Requested Umbrella Limit: \$1MM \$3MM \$5MM \$10MM \$15MM \$25MM \$50MM \$75MM
 Expiring Umbrella Carrier: _____ Expiring Umb Limit: _____ Expiring Umb Premium: _____

Underlying Section

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

Underlying Policy Type	Underlying Carrier	Underlying Policy Type	Underlying Carrier
<input checked="" type="checkbox"/> General Liability		<input type="checkbox"/> Employee Benefits Liability	
<input type="checkbox"/> Hired & Non-Owned Auto Liab.		<input type="checkbox"/> Employers Liability	
<input type="checkbox"/> Auto Liability		Other:	
All underlying carriers must be A.M. Best rated A- VI or higher. Please refer to proposal for minimum attachment points and other requirements.			

Please indicate the General Liability effective dates if they differ from the Umbrella effective dates: _____ - _____

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.

Underlying Policy Questions – Multiple Location Schedules

- N/A
1. Does the underlying General Liability policy apply on a “per location” basis? Yes No
2. Does the policy have a maximum aggregate cap? Yes No If “yes,” what is the cap? \$ _____ MM
3. If there are multiple underlying General Liability policies, which entity has common majority ownership of all locations?
 Name: _____

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

Life Safety Section

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. Do all buildings have two means of egress per floor, properly marked? Yes No
5. Is there a parking garage onsite? (If "yes," what is the square footage? _____ sq. ft.) Yes No
6. Are any buildings on the schedule undergoing construction or development? Yes No

High-Rise Building (8+ Stories) Section

Not applicable—all buildings are seven stories or less.

- Alarm Type:** Central Local None **Function:** Manual Pull Automatic Both **Alert:** Audible Visual 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 undergone a loss control inspection within the past three years? Yes No
 5. Do all stairwell doors comply with NFPA codes, including being self-closing with no human interaction? Yes No
 6. Is there an annual NFPA inspection of the self-closing doors conducted by a licensed inspector? 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 Section

1. Are there any valet services onsite? Yes No
2. Are there any lakes or ponds (other than retention ponds)? Yes No
3. Are there any marina or other water-related exposures (e.g., boardwalks, boat slips, docks/piers, watercraft)? Yes No
4. Is there any vacant land on the schedule?
 - 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
5. Are there any security guards? Yes No
 - a. If "yes," are the security guards armed? Yes No
 - b. Are the security guards employed by the applicant or by a third party? Applicant Third Party

Apartment Section

Not applicable—there is no apartment exposure.

1. Are all units equipped with smoke detectors, either battery-powered with annual maintenance or hard-wired? Yes No
2. If there are any senior living (55+) communities, are evacuation plans posted in each room? N/A Yes No
3. **Clubhouses:** N/A
 - a. Is the clubhouse open to the public? Yes No
 - b. Does the applicant serve liquor? Yes No
 - c. How many people can the clubhouse accommodate? _____
 - d. Are private events like weddings held within the clubhouse? Yes No
 - e. If “yes,” are contracts or waivers put into place with the event host? Yes No
4. Please indicate whether any locations contain the following:

<input type="checkbox"/> NONE OF THE FOLLOWING	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Boarding Houses or SROs
<input type="checkbox"/> Single-Family Dwellings with Swimming Pools	<input type="checkbox"/> Student Housing or Dorms	

Lessor’s Risk Commercial Section

Not applicable—there is no lessor’s risk only commercial exposure.

1. Are all buildings equipped with smoke detectors, either battery-powered with annual maintenance or hard-wired? Yes No
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. Does the applicant obtain written leases from all commercial tenants that:
 - a. Require the tenants 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 tenants’ liability policies? Yes No
 - c. Contain language that indemnifies and holds harmless the applicant? Yes No
5. Do any buildings contain the following tenants?

<input type="checkbox"/> NONE OF THE FOLLOWING	<input type="checkbox"/> “Adult” Establishments	<input type="checkbox"/> Bars with Dance Floors/Nightclubs
<input type="checkbox"/> Child Care Centers/Schools	<input type="checkbox"/> Convenience Stores/Gas Stations	<input type="checkbox"/> Government Tenants
<input type="checkbox"/> In-Patient Facilities	<input type="checkbox"/> Medium/Heavy Manufacturing	<input type="checkbox"/> Movie Theaters with Capacity of 100+

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. What are the vehicles used for? Service/Maintenance Transportation Other: _____
4. Please complete the below or provide a schedule including the following information:

Vehicle Identification Number	Make/Model/Year	Travel Radius (Miles)	# Trips Monthly	# Passengers

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: _____

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% # Owned Vehicles: PPT/Light: _____ Medium/Heavy: _____

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

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% # Owned Vehicles: PPT/Light: _____ Medium/Heavy: _____

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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: _____

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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% # Owned Vehicles: PPT/Light: _____ Medium/Heavy: _____

Required Fraud Warnings

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas, Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California

Effective 01/01/2022: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

1. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
2. Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland, Rhode Island, West Virginia

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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**