



**MCGOWAN PROGRAM ADMINISTRATORS**  
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Brokerage: \_\_\_\_\_  
 Address: \_\_\_\_\_  
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 Email: \_\_\_\_\_

## COMMUNITY ASSOCIATIONS UMBRELLA APPLICATION

### Application for Insurance and Purchasing Group Membership

#### Applicant & General Information Section

Applicant Name: \_\_\_\_\_  
 Effective Dates: \_\_\_\_\_ - \_\_\_\_\_ Mailing Address Care Of: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Requested Umbrella Limit:  \$1MM  \$3MM  \$5MM  \$10MM  \$15MM  \$25MM  \$50MM  \$100MM  
 Expiring Umbrella Carrier: \_\_\_\_\_ Expiring Umb Limit: \_\_\_\_\_ Expiring Umb Premium: \_\_\_\_\_

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

- Homeowners Association      Planned community of single-family residences where common areas are owned by an association
- Condominium Association      Building where units are individually owned and common areas are owned by the association
- Commercial Association      A condominium-style association where units are used for business purposes
- Cooperative      Unit owners have proprietary leases but are members of a corporation that owns the property
- Master Association      Association manages the common elements shared by any/all separate sub-associations
- PUD-Style Association      Community formed with local municipality where common areas are owned by an association

#### Underlying Section

Please indicate below which underlying coverages are requested. **Supporting copies of underlying binders or policies, along with three years of current, carrier-generated underlying loss runs, 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"/> Directors & Officers Liability		<input type="checkbox"/> Employers Liability	
<input type="checkbox"/> Auto Liability [ <input type="checkbox"/> H/NO Only]		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: \_\_\_\_\_ - \_\_\_\_\_

#### Location Information & Life Safety Section

Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 # Stories: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Year Built: \_\_\_\_\_ Sprinkler:  100%  Common Areas  0%  
 # Residential Units: \_\_\_\_\_ Commercial Square Feet: \_\_\_\_\_ % Occupied/Sold: \_\_\_\_\_ Miles Owned Road: \_\_\_\_\_  
 # Pools: \_\_\_\_\_ # Lakes/Ponds: \_\_\_\_\_ # Boat Slips: \_\_\_\_\_ # Owned Vehicles: PPT/Light: \_\_\_\_\_ Medium/Heavy: \_\_\_\_\_

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 battery-powered with annual maintenance or hard-wired?  Yes  No
5. Do all buildings have two means of egress per floor, properly marked?  Yes  No
6. Is there a parking garage onsite? (If "yes," what is the square footage? \_\_\_\_\_ sq. ft.)  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

## 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

## 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

## Master Association Section

Not applicable—risk is not a master association.

1. Please advise: Total # Units in Sub-Associations: \_\_\_\_\_ Total Commercial Sq. Ft. in Sub-Associations: \_\_\_\_\_

2. Do all sub-associations have their own insurance, board of directors, and financials?  Yes  No
3. Are streets within the master association owned and maintained by the master association?  Yes  No
4. Is the master association responsible for any:  NONE  Street Cleaning  Street Snow Plowing  Trash Pickup

## Miscellaneous Section

1. Are all units in the association fully built?  Yes  No
2. Is there any ongoing or scheduled construction or development?  Yes  No
3. Is there any student housing or assisted living?  Yes  No
4. For any 62+ senior housing locations, are evacuation plans posted in each unit?  N/A  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
6. For which of the following exposures/amenities is the applicant responsible? (Check all that apply.)
 

<input type="checkbox"/> <b>NONE OF THE FOLLOWING</b>	<input type="checkbox"/> Bridges	<input type="checkbox"/> Children's Camps/Day Cares	<input type="checkbox"/> Equestrian Trails
<input type="checkbox"/> Fitness Centers	<input type="checkbox"/> Golf Courses for Association Use	<input type="checkbox"/> Golf Courses Open to the Public	<input type="checkbox"/> Hotel-Like Services
<input type="checkbox"/> Playgrounds	<input type="checkbox"/> Ski-In/Ski-Out	<input type="checkbox"/> Sports Courts	<input type="checkbox"/> Streets/Roads
<input type="checkbox"/> Swim Teams	<input type="checkbox"/> Owned Watercraft	<input type="checkbox"/> Valet Services	<input type="checkbox"/> Walkways/Towpaths

## 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. What safety features are in place?  Cameras  "No Swimming/Diving" Signs  Roping/Fencing  Other: \_\_\_\_\_
4. Are there any vendors or restaurants on the structure?  Yes  No
5. Is there an annual inspection for structural deficiencies?  Yes  No
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 or Protection & Indemnity policy?  Yes  No

## Clubhouse & Restaurant Section

**Not applicable—there is no clubhouse or restaurant.**

1. Please provide the following annual receipts: **Liquor:** \$ \_\_\_\_\_ **Food:** \$ \_\_\_\_\_
2. Is the clubhouse or restaurant open to the public?  Yes  No
3. **Clubhouses:**  N/A
  - a. How many people can the clubhouse accommodate? \_\_\_\_\_
  - b. Are private events like weddings held within the clubhouse?  Yes  No
  - c. If "yes," are contracts or waivers put into place with the event host?  Yes  No
4. **Restaurants:**  N/A
  - a. Are all restaurants in compliance with local, state, and federal sanitation guidelines and NFPA regulations?  Yes  No
  - b. Are functioning hood and duct fire extinguishing systems in place?  Yes  No
  - c. Have all employees undergone formal alcohol dispensation training?  Yes  No
  - d. Is the restaurant operated by the applicant or by a third party?  Applicant  Third Party

## Lake, Pond, or Beach Section

**Not applicable—there is no lake, pond, or beach exposure.**

1. Is the applicant responsible for maintaining a beach?  Yes  No
2. Is the applicant responsible for maintaining a lake or pond other than a retention pond?  Yes  No
  - a. If "yes," which activities are permitted?  **NONE**  Boating  Fishing  Skating  Swimming  
 Other: \_\_\_\_\_
  - b. If no activities are permitted, are there signs prohibiting use of the lake or pond?  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. 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

## Rental Unit Section

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

**# Rental Units:** # Daily, Weekly, Biweekly: \_\_\_\_\_ # Monthly or Seasonal: \_\_\_\_\_ # 6 Month to Annual: \_\_\_\_\_

1. Are any units rented to student "spring breakers"?  Yes  No
2. Is the renting of units allowed by the association by-laws?  Yes  No
3. Which entity is responsible for the renting of units?  Applicant  Third Party Rental Pool  Unit Owners
4. 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

## 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](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**