



Program Manager:
McGowan Program Administrators
 (A Division of McGowan & Company, Inc.)

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Submitted By:
 Agency: _____
 Address: _____

 Contact: _____
 Phone/Fax: _____
 E-Mail: _____

**Not for Profit Community Association
 Single Family Homeowner Association Package Application**

Effective Date: _____ Current Carrier: _____
 Named Insured: _____
 Physical Address: _____
 Mailing Address: _____
 Inspection Contact: _____ Contact Phone: _____
 Contact email: _____

Requested Property Coverage

1. Structures and property in the open – Please attach McGowan SOV (Description of property can be modified)

- a. All Peril Deductible: _____
- b. B. Other Coverages – Describe in remarks: (Ord/Law, Equipment Breakdown, Sewer/Water Backup)

2. Crime coverage limits

- a. Employee Dishonesty: _____
- b. Money and Securities: _____
- c. Forgery or Alteration: _____
- d. Money Orders and Counterfeit Money: _____
- e. Computer and Funds Transfer Fraud: _____

Requested Comprehensive General Liability Coverage

- 1. General Aggregate: _____
- 2. Each Occurrence: _____
- 3. Damage to rented premises (each occurrence): _____
- 4. Non-Owned and Hired Auto Liability: _____

Loss History

- 1. Provide 5 years currently valued Carrier Generated Loss runs with details of any claims listed.
- 2. Has the insured had property or general liability policy cancelled or non-renewed in the past five years? 2. Yes No
 If yes, please provide details: _____

General Underwriting

NUMBER OF HOMES/LOTS					
Homeowner		Developer		Total at Completion	
		Undeveloped Lots		% of Built Out Homes	

1. What are the average monthly fees / assessments perunit? _____
2. Is all common infrastructure (streets and roads, curbs, lights and light poles, etc. completed? 2. Yes No
3. Has control of the association been transferred to the Board of Directors? 3. Yes No
4. Are more than 50% of the homes rented? Yes No Are there any short-term rentals? Yes No
5. Who is responsible for fees / assessments for unsold / undeveloped lots (i.e. declarant / developer?): _____
6. Does the Association have security personnel? (If no security personnel, skip to question 7) 6. Yes No
 - a. Are the security personnel employees of the Association? (Association issues W-2) (a.) Yes No
 - b. Do any of the Association employee security personnel carry firearms? (b.) Yes No
 - c. Is the security provided by a third party certified / licensed vendor? (c.) Yes No
 - i. Is the Association applicant an additional insured on the vendor's insurance? (i.) Yes No
 - ii. Are certificates of insurance requested from the vendor's insurance agent? (ii.) Yes No
 - iii. Do any certified / licensed vendor provided security personnel carry firearms? (iii.) Yes No
7. Is there a swimming pool on the premises? (If no pool skip to question 11) (7) Yes No
8. Number of Pools _____
9. If there is / are pool(s):
 - a. Is there a diving board or slide? (a.) Yes No
 - b. Are all drains in compliance with the Virginia Graeme Baker Act? (b.) Yes No
 - c. Is the pool depth clearly marked? (c.) Yes No
 - d. Is the pool fenced with a self-closing-locking gate? (d.) Yes No
 - e. Is the surface surrounding the pool non-skid? (e.) Yes No
 - f. Is there a lifeguard on duty? (f.) Yes No
 - i. If yes, is he/she an Association employee? (i.) Yes No
 - ii. Is yes, is he / she provided by a qualified lifeguard vendor? (ii.) Yes No
 1. Is the Association applicant an additional insured on the vendor's insurance? Yes No
 2. Are certificates of insurance requested from vendor's insurance agent? Yes No
 - g. Is there life saving equipment poolside? (g.) Yes No
10. Does the Association hire a vendor to provide pool maintenance and servicing? (10.) Yes No
 - a. If yes, does the Association obtain a certificate of insurance evidencing a minimum of \$1,000,000 in comprehensive GL insurance? a.) Yes No
11. Does the Association have playgrounds or tot lots? (11) Yes No

If yes; How many? _____

 - a. Describe the ground cover material: _____
 - b. Age of equipment and last maintenance date: _____

12. Does the Association have any non-pool water exposure: (i.e. pond, lake, marina or dock)? (12.) Yes No
- a. If there is a pond, is there a fence around the perimeter? (a.) Yes No
 If yes to (a.) please providedetails: _____

- b. If there is a pond or lake, are they used recreationally? (b.) Yes No
- c. If there is recreational use, is it limited to members and their guests? (c.) Yes No
- d. Is there a boat ramp? (d.) Yes No
- e. Is there a boat dock owned by the association? (e.) Yes No
- f. Is there a dam? (f.) Yes No
- g. How many ponds/lakes? _____
- h. If a pond, is it water filled full time? _____

13. Are there any sports courts (tennis, basketball etc)? _____
- a. If so, what type? _____
- b. Square footage (of each) _____
- c. How many of each? _____

14. Are Certificates of Liability insurance required and obtained from all Contractor insurance agents? _____

15. Does the Association own, control and/or maintain any roads? (15) Yes No
- a. If so, how many miles? _____

16. Are there onsite maintenance employees? (16.) Yes No
- a. Describe their duties: _____

17. Does the Association rent any premises to outside individuals or organizations? (17.) Yes No
- a. If yes, is special event insurance required naming the Association as an additional insured? (a.) Yes No
- b. If yes, is alcohol permitted? (b.) Yes No

18. Describe any annual or monthly community Association or Association-sponsored events: _____

19. Are there are any other amenities or services provided by the Association to its members that have not been described on the application or this questionnaire? If yes, please list in the additional notes section below. (19.) Yes No

20. Does the Association employ an independent management company? (20.) Yes No

If yes, provide details below:

Name: _____

Address: _____

Phone: _____

Additional Notes Section

Fact Statements and 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 Thereeto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

ACKNOWLEDGEMENT:

BY SIGNING THIS SUPPLEMENTAL APPLICATION FOR INSURANCE, PRODUCER: (1) WARRANTS THE AFOREMENTIONED INFORMATION IS CORRECT; AND, (2) STATES ITS AGREEMENT AND UNDERSTANDING THAT THIS SUPPLEMENTAL APPLICATION BECOMES A MATERIAL PART OF THE APPLICATION FOR INSURANCE.

Signature of Insured

Date

Print Name and Title: _____

****State Fraud Warnings**

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

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

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

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with the 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.

NOTICE TO OKLAHOMA APPLICANTS: 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

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: 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.