

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**CONDOMINIUM AND HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION**

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Limited Liability Company  
 Other (Specify): \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Limits Of Liability and Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products and Completed Operations Aggregate	\$
Personal and Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage to Premises Rented to You (any one premises)	\$
Medical Expense (any one person)	\$
Limited Sports Participants Liability	\$
Other Coverages, Restrictions and/or Endorsements:	\$
Deductible	\$

1. **Years in business:** .....
2. **Is there any development and/or construction operations contemplated or in progress?** .....  Yes  No  
If yes, explain: \_\_\_\_\_
3. **Is the builder or developer a member of the board of directors for the association?** .....  Yes  No
4. **How many units are in the name of or owned by the builder or developer?** .....
5. **Is association membership voluntary?**.....  Yes  No  
If yes: How many unit owners are association members?.....  
How many non-association units are within the boundaries of the association? .....
6. **Number of units:**  
Condominiums—Commercial: \_\_\_\_\_ Condominiums—Residential: \_\_\_\_\_ Cooperative housing: \_\_\_\_\_  
Single family homes: \_\_\_\_\_ Time-shares: \_\_\_\_\_ Townhomes/Townhouses: \_\_\_\_\_  
Other (describe): \_\_\_\_\_
7. **How many of the units have not been sold?** .....
8. **How many units are rented to others (not owner occupied)?** .....  
If units are rented to others, how many units does the Association control the rental of? .....  
How many units are rented on a daily, weekly or monthly basis? .....
9. **For condominium associations, are there any seasonal, secondary or vacation units?** .....  Yes  No
10. **Number of stories:** .....  
Sprinklered? .....  Yes  No  
Fire resistive? .....  Yes  No
11. **Total number of employees:** .....
12. **Does applicant lease employees?** .....  Yes  No
13. **Does applicant subcontract any operations?**.....  Yes  No  
If yes:
  - a. Description of operations subcontracted: \_\_\_\_\_
  - b. Annual cost of subcontracted work:.....
  - c. Are all subcontractors required to carry General Liability and Workers Compensation Insurance?....  Yes  No  
If yes, minimum General Liability limits required: .....
  - d. Are certificates of insurance required from all subcontractors? .....  Yes  No
  - e. Is applicant included as an additional insured on all subcontractors' policies? .....  Yes  No
  - f. Do written contracts contain hold-harmless agreements in favor of the applicant? .....  Yes  No  
If no, explain when not required: \_\_\_\_\_
14. **Any prior losses due to mold?**.....  Yes  No  
If yes, has mold been completely remediated? .....  Yes  No
15. **Is this a master association, which provides group common areas for individual associations? ..**  Yes  No
16. **Is this a community development that includes residential with commercial and/or institutional members?** .....  Yes  No

17. Does the association have an airport or airstrip? .....  Yes  No

18. Any waterworks/sewage treatment/disposal facilities? .....  Yes  No  
 Describe in detail: \_\_\_\_\_

If yes, is it maintained and operated by applicant? .....  Yes  No

19. Any garbage dumps or landfills? .....  Yes  No

20. Is the association responsible for maintenance of the roads? .....  Yes  No  
 If yes, how many miles of road? .....

21. Any stables? .....  Yes  No  
 If yes, advise payroll: \_\_\_\_\_

Riding arenas? .....  Yes  No

Jumps? .....  Yes  No

Saddle animals for hire? .....  Yes  No

**22. Number of:**

Baseball Fields		Lakes**	_____ acres
Basketball Courts		Parks	_____ acres
Bathing Beaches		Playgrounds	
Bicycle Trails	_____ miles	Racquetball Courts	
Boat Docks/Slips		Restaurants/Lounges	
Boat Ramps		Saunas	
Boat Rentals		Shooting Ranges	
Clubhouses	_____ sq ft.	Shuffleboard Courts	
Convenience Stores		Spas/Hot Tubs	
Dams*		Streets/Roads	_____ miles
Diving Rafts		Tennis Courts	
Horse Trails	_____ miles	Volleyball Courts	
Ice Skating			

\* If applicable, complete dam questionnaire GLS-113.

\*\* Is swimming allowed in the lakes? .....  Yes  No

23. Number of swimming pools and/or wading pools? .....

Number of diving boards, diving platforms and/or pool slides: .....

Diving boards or platforms over one meter in height? .....  Yes  No

Equipped with self-closing and self-latching gates/doors? .....  Yes  No

Life-safety equipment available at poolside? .....  Yes  No

Lifeguards provided? .....  Yes  No

Pools completely surrounded by building walls or fence? .....  Yes  No

Slides over ten (10) feet in height? .....  Yes  No

Warning signs and rules posted? .....  Yes  No

Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Grae-  
 me Baker Pool and Spa Safety Act? .....  Yes  No

24. Any security guards on premises? .....  Yes  No

If yes, how many? .....

a. Does association directly employ security guards?.....  Yes  No

If yes: Number of unarmed guards: \_\_\_\_\_ Number of armed guards: \_\_\_\_\_

b. Does outside security guard service provide guards?.....  Yes  No

If yes: Number of unarmed guards: \_\_\_\_\_ Number of armed guards: \_\_\_\_\_

c. Are certificates of insurance required from subcontractor? .....  Yes  No

d. Is applicant included as an additional insured on subcontractor's policy? .....  Yes  No

25. Does applicant have Workers Compensation coverage in force? .....  Yes  No

26. Any special events? .....  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

27. Any sponsored athletic teams? .....  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

28. Describe any other exposures which the association is responsible for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. Attach any descriptive or advertising literature.

30. Additional Insured Information:

Name	Address	Interest

31. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? .....  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

32. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri).....  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

33. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

\_\_\_\_\_

34. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium	\$	\$	\$

**35. Loss History:**

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years..... <input type="checkbox"/> Check if no losses in the last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** 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.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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 purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** 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.

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

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

**NEW YORK FRAUD WARNING:** 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.

The undersigned hereby authorizes the release of claim information from any prior insurer to the Company.

NAME OF ENTITY: \_\_\_\_\_

BY: \_\_\_\_\_

(Must be signed by Chairman of the Board or President)

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)

Signing this form does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. Application must be currently signed and dated to be considered for quotation.

NOTE: A copy of the association's two latest statements of conditions and a copy of the bylaws must accompany this proposal. No change in bylaws.

**IMPORTANT NOTICE**

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.