

☐ **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

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 planned unit/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		Ice Skating	
Basketball Courts		Lakes**	_____ acres
Bathing Beaches		Parks	_____ acres
Bicycle Trails	_____ miles	Playgrounds	
Boat Docks/Slips		Racquetball Courts	
Boat Ramps		Restaurants/Lounges	
Boat Rentals (paddle, canoe and rowboats)		Saunas	
		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	

* If applicable, complete dam questionnaire GLS-113.

** Is swimming allowed in the lakes? ☐ Yes ☐ No

If yes to Boat Rentals, are Coast Guard approved flotation devices provided for all passengers? ☐ 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 Graeme 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..... ☐ 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, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, 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 CALIFORNIA APPLICANTS. 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.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 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 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 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 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.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): 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: _____

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.