



Named Insured _____ Effective Date _____

1. Type of Association: Condominium Homeowner Association Co Op Time Share
2. Total # of Units: _____ Aggregate Property Value: \$_____ What year was this Association formed? _____
3. Association Use Class: Primary Residential Secondary Conversion Time Share
4. Number of Units NOT Owner Occupied? _____ Percent of Total Units: _____%
5. Does any building have wood shingle roofing? Yes No
6. If frame construction, what is the minimum distance from other frame buildings? _____
7. Does the Association own vacant land? Yes No If yes, how many acres? _____
8. Is this business new to the agency? Yes No Have you seen it in the past 30 days? Yes No
9. Does the Association have a reserve funding analysis or written plan for funding major maintenance? Yes No
10. How is the Association property managed:
 - Self Managed. How many years has the Association been self-managed? _____
 - Employee Managed. How long has the Association operated with an employee property manager: ____
 - Property Management Firm. Name _____
How long has this property manager been with the Association? _____
11. How many full time employees are there? _____ How many part time employees are there? _____
12. Approximately what percentage of unit owners leave their units unoccupied for a month or more in the winter? _____
13. Are any provisions made to insure that adequate heat is maintained in unoccupied units? Yes No
If yes, describe: _____
14. Have any corrective actions been taken to address ice damming? Yes No Not cold weather state
If yes, describe: _____
15. Are roads maintained by the association? Yes – If yes, how many miles? _____ No
16. Is there a 24 hour guard service, armed security or gatekeeper? Yes No
If yes, describe: _____
17. Do they have a: Sewage Treatment Plant Water Delivery System Medical or Assisted Living Facilities
 Other municipal services, describe: _____
18. Are they a tax district? Yes No If yes, describe: _____
19. Do you have maintenance contracts for heating equipment? Yes No
20. Who performs snow & ice removal? Insured Contractor Tenant Not cold weather state
Are snow removal logs kept? Yes No
21. Does the property manager have the authority to withdraw funds? Yes No Is board approval required? Yes No
22. Who reconciles bank statements? _____ How often? _____
23. Has the Association undertaken any program to replace water heaters? Yes No
If yes, describe: _____



24. Are there any horizontally divided units with washers and/or water heaters in upper stories? Yes No
 If yes, are water heaters in a tank with external drain? Yes No
 Do washers have: Burst resistant hoses Automatic shutoff valves Hose replacement policy in by-laws None of these.
25. Is the risk on an island, jetty, dock, pier, stilts, etc...? Yes No
 If yes, describe: _____
26. Any commercial tenants? Yes No
 If yes, describe: _____
27. What is the current average selling / resale price of the units? _____
28. Any: Waterfront Playgrounds Parks / Trails Golf Courses Other recreational amenities, describe: _____
29. Is the Association aware of any high end renovations by an individual unit owner? Yes No
 If yes, describe: _____
30. Are there fireplaces or woodstoves? Yes No If yes, is there a program for annual flue/chimney cleaning? Yes No
31. Are any buildings vacant or unoccupied, under demolition, or has demolition or renovation planned? Yes No
 If yes, describe: _____
32. Any underground fuel tanks? Yes If yes, year installed: _____ Year last leak tested: _____ No
 Is the tank: Double steel Steel coated Fiberglass Other: _____
33. Do any locations have a pool? Yes If yes: In-ground Above ground No
 Is there a: Fence Diving Board Slide Safety Drain
34. Do any locations have Dryvit / EIFS construction? Yes No
35. Do any locations have amperage less than 100? Yes If yes, list the location and building # _____ No
36. Any aluminum wiring? Yes If yes, what updates have been done? _____ No
37. Any fuses or knob and tube? Yes – Risks with fuses must have fusestats to prevent over-fusing No
38. Are there any daycare facilities? Yes No Are daycare facilities operated or controlled by the insured? Yes No
39. Is there entry security? Yes No
 If yes, describe the building security including main entry, lighting and alarms: _____

Insured's Signature

Date

Agent's Signature

Date