

# BRUCE **GENDELMAN**

INSURANCE SERVICES

Fax: 561.659.4443

## FLORIDA CONDOMINIUM ASSOCIATION PROGRAM APPLICATION

### Submission Requirements:

- Color Photos
- Three years of hard copy company loss runs plus current year
- A signed statement of Values if greater than \$10,000,000.
- A plot plan with distance/scale if greater than \$10,000,000.

Named Insured: \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_

Street address of complex: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Fax # \_\_\_\_\_ FEIN # \_\_\_\_\_ SIC Code: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

### SECTION I - PROPERTY COVERAGE

General Information: Year built \_\_\_\_\_ # of Buildings \_\_\_\_\_

# of Units \_\_\_\_\_ # of stories \_\_\_\_\_

% Occupied \_\_\_\_\_

Construction: Building: \_\_\_\_\_ Roof: \_\_\_\_\_

Wiring:  Copper  Aluminum pigtailed  Copalum Crimp

Colar

Year of latest update: Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_

Wiring: \_\_\_\_\_ Heating: \_\_\_\_\_

Number of units per firewall: \_\_\_\_\_

Sprinklered?  Yes  No If yes, what percentage \_\_\_\_\_

Any water damage claims in the past two years?  Yes  No

**Property Data:**

	<u>Building Number</u>	<u>Type of building</u>	<u>Amount</u>	<u>Coins</u>	<u>Valuation</u>	<u>Construction</u>	<u>Protection class</u>	<u>Deduct</u>
1	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____	_____	_____

- ATTACH A SEPARATE SCHEDULE IF OVER 10 BUILDINGS
- ATTACH A SIGNED STATEMENT OF VA LUES IF REQUESTING AGREED AMOUNT

A) Polybutylene: Is this used  Yes  No

B) Piping: If yes, are you replacing it (details)?  Yes  No

C) Elevators? How many \_\_\_\_\_ # of passengers in each \_\_\_\_\_  
 \_\_\_\_\_ # of freight

D) Fire Places?  Yes  No  
 Are chimneys/flues required to be cleaned on a regular basis?  Yes  No

E) Any known construction defects?  Yes  No If yes, please describe:

F) Wind exposure:  
 Is this location FWUA eligible?  Yes  No  
 If yes, will an x-wind quote be acceptable?  Yes  No  
 If no, what is the distance to the ocean? \_\_\_\_\_

G) Flood:  
 Do you have a current Flood policy in force?  Yes  No  
 If yes, attach a copy of the Declarations sheet  
 If no, would you like a Flood quote with our Proposal?  Yes  No  
 (Flood quote will be secured though the Write Your Own Flood Program)

## SECTION II – AUTOMOBILE COVERAGE PART

A) Are any vehicles used for transportation for resident to and from areas of interest?  Yes  No

If yes, provide details : \_\_\_\_\_

B) Hired and Non-Owned coverage only?  Yes  No

If no, please attach Acord Auto Application

## SECTION II – GENERAL LIABILITY COVERAGE PART

A) General Information:

1) Percentage of owner occupied units? \_\_\_\_\_

2) Number of time shares: \_\_\_\_\_

3) How many units are used as short term rental properties (i.e. less than one year) \_\_\_\_\_

4) If any units are non-owners occupied, does the association require utilization of standard lease Agreement requiring tenant to obtain liability insurance naming the Association as an additional Insured?  Yes  No

5) Does Association require and maintain certificates for each Unit Owner as proof of Individual Liability Insurance?  Yes  No

If yes, what is the minimum Limit of Liability required? \_\_\_\_\_

6) Is there 24-hour guard services?  Yes  No

7) Is this a gated community?  Yes  No

How is it accessed? \_\_\_\_\_

8) Are fire doors equipped with panic hardware?  Yes  No

9) Are hard-wired smoke alarms required in every unit?  Yes  No

In common areas?  Yes  No

10) Are hallways and stairwells:  Open or  enclosed?

11) Number of exits per building: \_\_\_\_\_

How are they illuminated? \_\_\_\_\_

B) Slip and Fall

1) Does a maintenance person walk around the premises and ensure there are no hazards (i.e. after it rains, is the floor mopped up and sign posted as warning)?  Yes  No

2) Are rugs placed flatly on the ground?  Yes  No

3) Is skateboarding prohibited?  Yes  No

Are signs posted?  Yes  No

C) Swimming Pools  Not applicable

- 1) Is there a written and enforced maintenance schedule to check all life safety features daily?  
 Yes  No  
Who is responsible for performing the daily maintenance? \_\_\_\_\_
- 2) How many adult pools are present? \_\_\_\_\_  
How many kiddie pools are present? \_\_\_\_\_
- 3) Are pools completely fenced?  Yes  No  
Is a self-locking / latching gate present?  Yes  No  
Are all self-locking / latching pool gates in proper working order?  Yes  No
- 4) Is a spa or whirlpool located in the same fenced area?  Yes  No  
Signs posted regarding health risks to elderly, intoxicated, and pregnant persons?  Yes  No
- 5) Is public access to the pool area controlled by a secure door or gate?  Yes  No
- 6) Are all doors / gates leading to the pool area locked after pool hours have ended?  Yes  No
- 7) What are the hours of operation? \_\_\_\_\_  
Are they posted?  Yes  No
- 8) Are "Swim at your own risk" signs posted?  Yes  No
- 9) Lifeguard on duty during posted hours?  Yes  No  
Are lifeguards your employees or are they subcontracted?  Yes  No  
If subcontracted, do you require and maintain a current certificate of insurance?  Yes  No
- 10) Number of diving boards: \_\_\_\_\_
- 11) Number of sliding boards: \_\_\_\_\_
- 12) Is depth Marking posted in and around the pool area?  Yes  No

D) Playgrounds

- 1) What is the surface under the equipment? \_\_\_\_\_

E) Amenities:

- 1) Number of Tennis courts \_\_\_\_\_
- 2) Number of Volleyball courts \_\_\_\_\_
- 3) Number of basketball courts \_\_\_\_\_
- 4) Clubhouse?  Yes  No  
What is the clubhouse used for? \_\_\_\_\_  
\_\_\_\_\_
- 5) Walking or biking trails?  Yes  No  
How many miles? \_\_\_\_\_

- 6) Are streets:  Private or  Public?
- 7) Any golf courses or Driving ranges?  Yes  No
- 8) Any lakes or ponds?  Yes  No
- How large? \_\_\_\_\_
- How deep? \_\_\_\_\_
- Is boating, fishing or swimming allowed?  Yes  No
- Are signs posted prohibiting these?  Yes  No
- Any bathing beaches?  Yes  No
- 9) Exercise/weight room?  Yes  No
- Supervised?  Yes  No
- What equipment is in exercise/weight room: \_\_\_\_\_

F) General Liability Rating Section

Limits:

General aggregate	\$	_____
Products & Completed operations	\$	_____
Personal & Advertising Injury	\$	_____
Each Occurrence	\$	_____
Fire Damage (any one fire)	\$	_____
Medical Expense (any one person)	\$	_____
Employee Benefits	\$	_____

Exposure Information:

<u>Location #</u>	<u>Classification</u>	<u>Class Code</u>	<u>Premium basis</u>
_____	Swimming Pools	48925	Number _____
_____	Condominiums-Residential	62003	# of units _____
_____	Lakes or Ponds	45524	# of each _____
_____	Private Streets/Roads	48727	# of miles _____
_____	Parking Garage	46622	Square feet _____
_____	Clubhouse	41668	Square feet _____
_____	Parks or Playgrounds	46671	# of each _____



**PRIOR CARRIER INFORMATION**

**General liability**

	<u>Current Year</u>	<u>Previous Year</u>	<u>Prior Year</u>	<u>Prior Year</u>
Carrier	_____	_____	_____	_____
<u>Limits:</u>				
General aggregate	_____	_____	_____	_____
Products & Completed operations	_____	_____	_____	_____
Personal & Advertising Injury	_____	_____	_____	_____
Each Occurrence	_____	_____	_____	_____
Fire Damage (any one fire)	_____	_____	_____	_____
Medical Expense (any one person)	_____	_____	_____	_____
Employee Benefits	_____	_____	_____	_____
<u>Premium:</u>	_____	_____	_____	_____

**PROPERTY**

Carrier:	_____	_____	_____	_____
Building Amount	_____	_____	_____	_____
Personal Property	_____	_____	_____	_____
<u>Premium:</u>	_____	_____	_____	_____

**UMBRELLA**

Carrier	_____	_____	_____	_____
Limit of Liability	_____	_____	_____	_____

**LOSS HISTORY**

If the premium is under \$10,000. – list any losses for the past 4 years below.

If over \$10,000., attach currently valued loss runs covering the current year and the prior 3 years.

If there have been no losses and the premium is under \$10,000., attach a SIGNED no loss letter

<u>Loss Date</u>	<u>Prop or GL</u>	<u>Description of loss</u>	<u>Amount Paid</u>	<u>Amt Reserved</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____