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**Submitted By:**  
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 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact: \_\_\_\_\_  
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 E-Mail: \_\_\_\_\_  
 GNY Broker Code: \_\_\_\_\_

# “Brite” Real Estate & Hospitality Umbrella Program Application for Insurance & Purchasing Group Membership

## Applicant Information & General Information Section

Applicant name: \_\_\_\_\_

Mailing address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Limits:  \$1MM  \$2MM  \$3MM  \$5MM  \$7MM  \$10MM  \$15MM  \$20MM  \$25MM  \$50MM  \$100MM

Web site address: [www.\\_\\_\\_\\_\\_](http://www._____)

Description of operations: \_\_\_\_\_

Does the Applicant have any subsidiaries with operations that are different than the Applicant?  Yes  No

## Ratable Exposures Section – General Liability & Liquor Liability

*Blanks will be interpreted as “0.”*

### Habitational Section

# Apartment units - In bldgs. 1 - 3 stories: \_\_\_\_\_  
 # Apartment units - In bldgs. 4 – 7 stories: \_\_\_\_\_  
 # Apartment units - In bldgs. 8 or more stories: \_\_\_\_\_  
 # Condo. / co-op units - In bldgs. 1 - 3 stories: \_\_\_\_\_  
 # Condo. / co-op units - In bldgs. 4 – 9 stories: \_\_\_\_\_  
 # Condo. / co-op units - In bldgs. 10 or more stories: \_\_\_\_\_  
 # Single-family home HOA/PUD/POA units: \_\_\_\_\_

### Commercial Section

Commercial – Retail square footage: \_\_\_\_\_  
 Commercial – Office square footage: \_\_\_\_\_  
 Commercial – Warehouse / storage sq. footage: \_\_\_\_\_  
 Commercial – Light Industrial square footage: \_\_\_\_\_

Any commercial condominium exposure?  Yes  No

### Hotel / Motel Section

# H/Motel units - In bldgs. 1 – 4 stories: \_\_\_\_\_  
 # H/Motel units - In bldgs. 5 - 11 stories: \_\_\_\_\_  
 # H/Motel units - In bldgs. 12 or more stories: \_\_\_\_\_

Food receipts: \$ \_\_\_\_\_  
 Liquor receipts: \$ \_\_\_\_\_  
 Room receipts: \$ \_\_\_\_\_

### Miscellaneous Section

Insured's office square footage: \_\_\_\_\_  
 # Acres vacant land: \_\_\_\_\_  
 # Boat slips: \_\_\_\_\_

### Pool Section

# Pools: \_\_\_\_\_  
 # Diving boards: \_\_\_\_\_  
 # Pool slides: \_\_\_\_\_

## Ratable Exposures & Information Section – Automobile Liability

*Blanks will be interpreted as “0.”*

Vehicle Type:	# Units:	Describe Use:	Notes:
PPTs			This category includes SUVs and non-commercial “pick-up” trucks.
Light			This category includes vehicles 0–10,000 lbs., 1-8 passenger vans, and commercial “pick-up” trucks.
Medium			This category includes vehicles 10,001-20,000 lbs. and 9-20 passenger vans.
Livery (<14)			This category includes livery vehicles that contain 14 or less passengers.
Livery (15+)			This category includes livery vehicles that contain 15 or more passengers.
Busses (20+)			This category is limited to busses that contain more than 20 passengers.
Other:			Describe:

**Please provide us with a list of the vehicles, along with their makes, models, and a note regarding whether they are registered commercially.**

**Automobile Information Section**

1. Is there a valet service? 1.  Yes  No  
*(If "Yes," please complete our "Valet Supplemental.")*
2. Are any transportation services provided by Applicant? 2.  Yes  No

**Expiring Umbrella Section**

**Current Umbrella** Carrier: \_\_\_\_\_ Limit: \$ \_\_\_\_ MM Premium: \$ \_\_\_\_\_

**Renewal Quotes** Option #1: Carrier: \_\_\_\_\_ Limit: \$ \_\_\_\_ MM Premium: \$ \_\_\_\_\_  
 Option #2: Carrier: \_\_\_\_\_ Limit: \$ \_\_\_\_ MM Premium: \$ \_\_\_\_\_

**Named Insureds & Insured Locations Section**

Please complete the attached electronic "Schedule - Named Insureds" and "Schedule - Insured Locations." These schedules become a material part of the application for insurance.

**Loss Experience Section – Policy Year Aggregate Losses**

Blanks will be interpreted as "0."

- New purchase or new construction. Hence, no claims information available. Please move on to the next section.  
 No claims in past five (5) years. Please move on to the next section.

For each year, please indicate the "Incurred" losses (i.e. - Paid + Reserved).

	Current Year:		First Prior:		Second Prior:		Third Prior:		Fourth Prior:	
	# Claims:	Incurred:	# Claims:	Incurred:	# Claims:	Incurred:	# Claims:	Incurred:	# Claims:	Incurred:
<b>General Liability</b>		\$		\$		\$		\$		\$
<b>Automobile Liability</b>		\$		\$		\$		\$		\$
<b>Liquor Liability</b>		\$		\$		\$		\$		\$
<b>D&amp;O / EPLI</b>		\$		\$		\$		\$		\$

Note: Three years of loss runs are required, but aggregate loss information must be summarized above. Please do not write "See Attached" in the fields above.

1. Have there been any mold claims (liability) made against the insured in the past three (3) years? 1.  Yes  No  
 2. Have there been any lead claims made against the insured in the past three (3) years? 2.  Yes  No

**Underlying Insurance Program**

Blanks will be interpreted as "0."

Policy Type:	Insurer & Policy #:	Limits:	Premium:	Policy Period:
General Liability	Insurer: _____ Pol. #: _____	__ MM Per Occurrence __ MM Annual Aggregate __ MM Prod. / Comp. Ops Aggregate	\$ _____	__/__/__ - __/__/__
Automobile Liability / H&NO Auto. Liab.	Insurer: _____ Pol. #: _____	__ MM	\$ _____	__/__/__ - __/__/__
Employers Liability	Insurer: _____ Pol. #: _____	__ K / __ K / __ K	\$ _____	__/__/__ - __/__/__
Liquor Liability	Insurer: _____ Pol. #: _____	__ MM	\$ _____	__/__/__ - __/__/__
D&O / EPL Liability	Insurer: _____ Pol. #: _____	__ MM	\$ _____	__/__/__ - __/__/__
Other:	Insurer: _____ Pol. #: _____	__ MM / __ MM	\$ _____	__/__/__ - __/__/__
Other:	Insurer: _____ Pol. #: _____	__ MM / __ MM	\$ _____	__/__/__ - __/__/__

**Underlying Policy Questions**

- 1. Does the primary Automobile Liability or General Liability policy cover Hired & Non-Owned Automobile Liability?  Yes  No
- 2. Do any of the underlying policies provide Personal Liability coverage to Applicant? (e.g. – Personal Automobile Liability coverage, Homeowners Liability coverage, etc.)  Yes  No
- 3. Underlying General Liability Policy questions
  - (a) Are the Defense Costs Outside the Limits on the GL policy?  Yes  No
  - (b) Do the aggregates apply on a "per location" basis, if this risk is a multiple-location risk?  Yes  No
  - (c) Does the GL policy contain an SIR?  Yes  No If "Yes," what is it? \$ \_\_\_\_\_
  - (d) Does the GL policy contain a deductible?  Yes  No If "Yes," what is it? \$ \_\_\_\_\_
  - (e) Is the GL Aggregate capped?  Yes  No If "Yes," what is the cap? \$ \_\_\_\_\_

**Underlying Policy Requirements**

- The following underlying policies must be written on an Occurrence-form basis: General Liability; Automobile Liability; and, Employers Liability.
- The following underlying policies must be written on an Claims-Made-form basis: Directors & Officers Liability; Employee Benefits Liability.

**Contractor & Construction Section**

- 1. Does Applicant obtain written contracts from contractors doing *significant* work on the Applicant's premises? 1.  Yes  No  
If "Yes," under those contracts, is Applicant...
  - (a) Held harmless by said contractors? 1. (a)  Yes  No
  - (b) Indemnified for the acts of said contractors? 1. (b)  Yes  No
  - (c) Provided Additional Insured status under said contractors' liability insurance policies? 1. (c)  Yes  No
  - (d) Provided "certificates of Insurance" evidencing that said contractors have at least \$1MM of liability insurance? 1. (d)  Yes  No
- 2. Are any of the buildings on the schedule currently under construction (*beyond build-out, repair and/or maintenance*)? 2.  Yes  No

**Miscellaneous Exposures Section**

- 1. Does Applicant have security guards? 1.  Yes  No  
(If "Yes," please complete our "Security Guard Supplemental.")
- 2. Do any locations contain day care centers? 2.  Yes  No
- 3. Are there any other exposures of which we should be aware? (e.g. – golf courses, equestrian exposures, skate parks, aviation exposures, etc.) 3.  Yes  No  
If "Yes," please provide details: \_\_\_\_\_

**Marine Exposures Section**

Does Applicant have any of the following exposures?  Not applicable – Insured does not have any of the following exposures.

- Docks  Piers  Marinas  Dams  Beaches
- Boat slips  Watercraft  Marina exposures  Lakes or ponds

If there are dams, please complete our "Dam Supplemental."  
If there are lakes, ponds, or beaches, please complete our "Lakes, Ponds & Beaches Supplemental."  
If there are watercraft, please complete our "Watercraft Supplemental."  
If there are marina exposures, please complete our "Marina Supplemental."

## Prohibited Exposures Section

Does Applicant have any of the following prohibited exposures?

### Medical Related

- |  |   |
|--|---|
| 1. <u>Nursing homes</u> , extended care facilities, or assisted living facilities? | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. <u>Hospitals</u> or <u>surgery centers</u> ?                                    | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. <u>Rehabilitation</u> facilities?   | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Activity Related

- |  |   |
|--|---|
| 1. <u>Businesses or locations not related</u> to the ownership or management of habitational or income-producing properties? | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

## Pool Questions

Not applicable – Applicant does not have a pool.

- |  |  |
|--|--|
| 1. Are all pool areas <u>100% fenced</u> or have the functional equivalent thereof (e.g. – in the case of indoor pools, four walls restricting access similar to a fence)? | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 2. Are all doors or gates leading into pool areas equipped with <u>self-closing/latching</u> mechanisms?   | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 3. Are the aforementioned self-closing/latching mechanisms in <u>good working order</u> ?  | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 4. Can the pool area be <u>directly accessed</u> from any unit or room?  | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 5. Are all means of ingress and egress to the pool area <u>controlled by doors or gates</u> ?  | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 6. Are all doors or gates leading into pool areas <u>locked at night</u> ?   | 6. <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 7. Do all pool areas contain " <u>Swim At Your Own Risk</u> " signs, posted rules, and depth markers?  | 7. <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 8. Are the <u>hours of operation</u> posted?   | 8. <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 9. Are there any <u>diving boards</u> ?  | 9. <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 10. Are there any <u>slides</u> ?  | 10. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are there any <u>other water features</u> , such as "lazy rivers," wave pools, water parks, etc.?  | 11. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are members of the <u>public</u> permitted to use the pool or purchase pool memberships?   | 12. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Are children permitted to swim in the pool <u>unsupervised</u> ?   | 13. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Are there <u>lifeguards</u> at all times the pool is open?   | 14. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Do all pools contain <u>anti-vortex / anti-entrapment drain covers</u> in compliance with the Virginia Graeme Baker Pool and Spa Safety Act?                           | 15. <input type="checkbox"/> Yes <input type="checkbox"/> No |

## High-Rise Building Section (Buildings in Excess of 7 Stories)

*Only complete this section if there are buildings on the schedule in excess of 7 stories.*

- |  |   |
|--|---|
| 1. Has a GL carrier inspected all buildings <u>in excess of (7) stories</u> in the past 3 years?                               | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| 2. <u>Fire alarms</u> questions  |   |
| (a) <b>Automatic fire detection system</b> questions -   |   |
| (i) Is there an automatic fire detection system which transmits to a <u>central station, fire station, or police station</u> ? | 2. (a) (i) <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| (b) <b>Manual fire alarm</b> questions –   |   |
| (i) Do all buildings contain <u>manually-operated fire alarms on each floor</u> ?  | 2. (b) (i) <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| (ii) Does an <u>audible or visual fire alarm</u> sound or light <u>on each floor</u> once an alarm is activated?               | 2. (b) (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| (iii) Does the alarm transmit to a <u>central station, fire station, or police station or 24-hour doorman / watchman</u> ?     | 2. (b) (iii) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is there a <u>restaurant</u> on the <u>top floor</u> or <u>below ground</u> level in any building?                          | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| If "Yes" –   |   |
| (a) Is the restaurant <u>100% sprinklered</u> ?  | 3. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No       |
| (b) Does the restaurant comply with all <u>fire and life safety codes</u> ?  | 3. (b) <input type="checkbox"/> Yes <input type="checkbox"/> No       |

# Apartment Supplemental

Only Applicants with Apartment exposures should complete this section.

## Miscellaneous Section

1. Has a GL carrier inspected all locations in excess of (3) stories in the past (3) Years? 1.  Yes  No  N/A
2. Do any locations contain?
- |   |  |
|---|--|
| <input type="checkbox"/> <u>Subsidized</u> or <u>low-income</u> housing | <input type="checkbox"/> <u>Student</u> housing or dorms   |
| <input type="checkbox"/> <u>Rooming</u> or <u>boarding</u> houses       | <input type="checkbox"/> Buildings where <u>more than 20%</u> of the units are rented by <u>students</u> |
| <input type="checkbox"/> <u>Single Room Occupancy</u> (SRO)             | <input type="checkbox"/> <u>Senior</u> housing   |
| <input type="checkbox"/> <u>Handicapped / disabled</u> housing          | <input type="checkbox"/> <u>Short-term</u> rentals   |
- If there is senior housing, please complete our "Senior Housing Supplemental."*
3. Are any apartment buildings located in the Bronx, NY? 3.  Yes  No
4. Are any apartment buildings owned or operated by nonprofit entities (e.g. – locations for the elderly or infirm owned or operated by religious or charitable organizations)? 4.  Yes  No
5. Are there any locations at which meals are served to residents? 5.  Yes  No
6. Does Applicant own or lease apartment units in buildings owned by third parties? 6.  Yes  No
7. Is there a parking garage with more than 300 parking spaces at any location? 7.  Yes  No
8. Are all buildings at least 75% occupied? 8.  Yes  No

## Life Safety Section

### General Questions

1. Are there any outstanding mandatory (a.k.a. - "critical") loss control recommendations? 1.  Yes  No
2. Do all buildings comply with property statutes, local and state ordinances, and building codes? 2.  Yes  No
3. Smoke detector questions
- (a) Do all units contain functioning smoke detectors? 3. (a)  Yes  No
- (b) Do locations with battery-powered smoke detectors have annual maintenance programs to ensure proper functioning? 3. (b)  Yes  No  N/A
4. Do any buildings contain aluminum wiring? 4.  Yes  No
5. Buildings with interior corridors (NFPA 101 questions)  Not applicable – Buildings do not have interior corridors.
- (a) Do corridors contain lighted exit signs and emergency lighting that illuminates means of egress? 5. (a)  Yes  No
- (b) Are the emergency lighting systems tested at least once (1x) annually? 5. (b)  Yes  No
- (c) Are exit signs clearly marked? 5. (c)  Yes  No
- (d) Are there two (2) means of egress per floor? 5. (d)  Yes  No
- (e) Are all exit doors unlocked and unobstructed? 5. (e)  Yes  No
- (f) Do all stairwells contain self-closing fire doors? 5. (f)  Yes  No
6. Internal stairwell questions  Not applicable – None of Applicant's buildings have internal stairwells.
- (a) Do all buildings contain at least two (2) fire towers with self-closing U.L. Class B fire doors? 6. (a)  Yes  No
- (b) Do all interior stairwells contain emergency lighting? 6. (b)  Yes  No

## End of Apartment Supplemental

# Community Association Supplemental

Only Applicants with Community Association exposures should complete this section.

## Applicant Information Section & General Information

- Insured is:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Condominium association | <input type="checkbox"/> Townhome association              | <input type="checkbox"/> Planned unit development ("PUD") |
| <input type="checkbox"/> Cooperative             | <input type="checkbox"/> Timeshare condominium association | <input type="checkbox"/> Commercial association           |
| <input type="checkbox"/> Master association      | <input type="checkbox"/> Single-family home HOA / POA      | <input type="checkbox"/> Condominium-hotel                |

- We consider PUDs to be associations with municipality-like exposures (police, fire, medical, water treatment, etc.)

## Ratable Exposures – General Liability & Liquor Liability

Blanks will be interpreted as "0."

Liquor sales: \$ \_\_\_\_\_ Average unit value: \$ \_\_\_\_\_  
Food sales: \$ \_\_\_\_\_

## Directors & Officers Liability Section

- |  |   |
|--|---|
| 1. Has Applicant had more than one D&O claim in the last three (3) years?              | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has Applicant been in existence for <u>less</u> than one (1) year?                  | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is the developer on the board of directors?   | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is the occupancy rate less than 75%?  | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is there a negative fund balance? (Fund Balance = Total Assets – Total Liabilities) | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Miscellaneous Section

- |   |   |
|---|---|
| 1. Has a GL carrier <u>inspected</u> all buildings <u>in excess of (3) stories</u> in the past (3) Years? | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            |
| 2. Do any locations contain?  |   |
| <input type="checkbox"/> <u>Subsidized or low-income housing</u>  | <input type="checkbox"/> <u>Student housing or dorms</u>  |
| <input type="checkbox"/> <u>Rooming or boarding houses</u>  | <input type="checkbox"/> <u>Buildings where more than 20% of the units are rented by students</u>   |
| <input type="checkbox"/> <u>Single Room Occupancy (SRO)</u>   | <input type="checkbox"/> <u>Senior housing (does not include 55+, "age restricted" communities)</u> |
| <input type="checkbox"/> <u>Handicapped / disabled housing</u>  | <input type="checkbox"/> <u>Short-term rentals</u>  |
| <input type="checkbox"/> <u>Hotel-like exposures</u>  |   |

If there is senior housing, please complete our "Senior Housing Supplemental."

- |   |   |
|---|---|
| 3. Are any buildings located in the <u>Bronx, NY</u> ?  | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| 4. Are any buildings <u>owned</u> or operated by <u>nonprofit entities</u> (e.g. – locations for the elderly or infirm owned or operated by religious or charitable organizations)? | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| 5. Are there any locations at which <u>meals are served to residents</u> ?  | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| 6. Is there a parking garage with <u>more than 300 parking spaces</u> at any location?  | 6. <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| 7. Does Applicant permit the renting of units to " <u>spring breakers</u> ?"  | 7. <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| 8. <u>Occupancy questions</u>   |   |
| (a) Are all buildings at least <u>75% occupied</u> ?  | 8. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (i) If "No," what percentage of the buildings is occupied?  | 8. (a) (i) _____ %  |
| (b) Is the <u>owner-occupancy rate 75% or less</u> ?  | 8. (b) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (This question is not applicable to single-family home HOAs, PUDs, or POAs.)<br>(If "Yes," please complete our "Rental Units Supplemental.")  |   |
| (i) If "Yes," what percentage of the units is rented?   | 8. (b) (i) _____ %  |
| 9. Is the property <u>100% built-out</u> ?  | 9. <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| (a) If "No," what percentage of the property is "built-out?"  | 9. (a) _____ %  |

## Miscellaneous Section - Continued

10. Are at least 90% of the units sold? 10.  Yes  No  
(a) If "No," what percentage of the units are sold? 10. (a) \_\_\_\_\_ %
11. Does Applicant have written by-laws? 11.  Yes  No

## Life Safety Section

### General Questions

1. Are there any outstanding mandatory (a.k.a. - "critical") loss control recommendations? 1.  Yes  No
2. Do all buildings comply with property statutes, local and state ordinances, and building codes? 2.  Yes  No
3. Smoke detector questions 3. (a)  Yes  No  
(a) Do all units contain functioning smoke detectors? 3. (a)  Yes  No  
(b) Do locations with battery-powered smoke detectors have annual maintenance programs to ensure proper functioning? 3. (b)  Yes  No  N/A
4. Do any buildings contain aluminum wiring? 4.  Yes  No
5. Buildings with interior corridors (NFPA 101 questions)  Not applicable – Buildings do not have interior corridors. 5. (a)  Yes  No  
(a) Do corridors contain lighted exit signs and emergency lighting that illuminates means of egress? 5. (b)  Yes  No  
(b) Are the emergency lighting systems tested at least once (1x) annually? 5. (c)  Yes  No  
(c) Are exit signs clearly marked? 5. (d)  Yes  No  
(d) Are there two (2) means of egress per floor? 5. (e)  Yes  No  
(e) Are all exit doors unlocked and unobstructed? 5. (f)  Yes  No  
(f) Do all stairwells contain self-closing fire doors? 5. (f)  Yes  No
6. Internal stairwell questions  Not applicable – None of Applicant's buildings have internal stairwells. 6. (a)  Yes  No  
(a) Do all buildings contain at least two (2) fire towers with self-closing U.L. Class B fire doors? 6. (b)  Yes  No  
(b) Do all interior stairwells contain emergency lighting? 6. (b)  Yes  No

## Single-Family Home HOA / POA / PUD Section

*Only Single-Family HOAs, POAs, and PUDs should complete this section.*

1. Units are located in:  Freestanding homes  Multiple-unit buildings
2. Streets are:  Public  Private If "Private," how many miles? \_\_\_\_\_ miles

## End of Community Association Supplemental

## Commercial Supplemental

Only Applicants with Commercial exposures should complete this section.

### Miscellaneous Exposures Section

All Applicants should answer the questions in this section.

1. Does Applicant obtain a written lease from all tenants? 1.  Yes  No
- If "Yes," does the lease -
- (a) Require tenants to carry at least \$1,000,000 of General Liability limits? 1. (a)  Yes  No
- (b) Require that the landlord (Applicant) be named as an Additional Insured on tenants' GL policies? 1. (b)  Yes  No
- (c) Contain language which indemnifies and holds harmless the landlord (Applicant)? 1. (c)  Yes  No
- (d) Contain a waiver of subrogation in favor of the landlord (Applicant)? 1. (d)  Yes  No
- (e) Specify that the tenants' insurance is primary to landlord's (Applicant's)? 1. (e)  Yes  No
2. Are all buildings at least 75% occupied? 2.  Yes  No

### Life Safety Section

All Applicants should answer the questions in this section.

1. Are there any outstanding mandatory (a.k.a. - "critical") loss control recommendations? 1.  Yes  No
2. Do all buildings comply with property statutes, local and state ordinances, and building codes? 2.  Yes  No
3. Smoke detector questions
- (a) Do all buildings contain functioning smoke detectors? 3. (a)  Yes  No
- (b) Do locations with battery-powered smoke detectors have annual maintenance programs to ensure proper functioning? 3. (b)  Yes  No  N/A
4. NFPA 101 questions
- (a) Do buildings and corridors contain lighted exit signs? 4. (a)  Yes  No
- (b) Do buildings and corridors contain emergency lighting that illuminates means of egress? 4. (b)  Yes  No
- (c) Are the emergency lighting systems tested at least once (1x) annually? 4. (c)  Yes  No
- (d) Are exit signs clearly marked? 4. (d)  Yes  No
- (e) Are there two (2) means of egress per floor? 4. (e)  Yes  No
- (f) Are all exit doors unlocked and unobstructed? 4. (f)  Yes  No
- (g) Do all stairwells contain self-closing fire doors? 4. (g)  Yes  No
5. Internal stairwell questions  Not applicable – None of Applicant's buildings have internal stairwells.
- (a) Do all buildings contain at least two (2) fire towers with self-closing U.L. Class B fire doors? 5. (a)  Yes  No
- (b) Do all interior stairwells contain emergency lighting? 5. (b)  Yes  No

### Retail & Wholesale Section

Only Applicants with retail or wholesale exposures should answer the questions in this section.

1. Are any of the locations indoor malls? 1.  Yes  No
2. Do any locations contain restaurants? 2.  Yes  No
- If "Yes" -
- (a) Do they contain automatic extinguishing systems? 2. (a)  Yes  No
- (b) Are any of the restaurants located in free-standing buildings? 2. (b)  Yes  No

## Retail & Wholesale Section - Continued

3. Do any locations contain the following tenants?

- |   |                              |                             |                            |                              |                             |
|---|------------------------------|-----------------------------|----------------------------|------------------------------|-----------------------------|
| "Adult establishments?"                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | "Gentlemens' clubs"        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Amusement centers? (e.g. Dave & Buster's ©) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Liquor stores?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bars with dance floors?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Movie theatres?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Billiards parlors or pool halls?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Night clubs?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bowling facilities?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Non-alcoholic night clubs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Casinos?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sports bars?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dance clubs or locations with dance floors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Video arcades?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Day care facilities?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                            |                              |                             |

4. Does Applicant lease commercial space in a building owned by a third party? 4.  Yes  No

5. Is there a parking garage with more than 300 parking spaces at any location? 5.  Yes  No

## Office Section

*Only Applicants with office exposures should answer the questions in this section.*

1. Do any office buildings contain in-patient medical facilities or in-patient surgery centers? 1.  Yes  No

2. Do all buildings contain manually-operated fire alarms on each floor? 2.  Yes  No

3. Do all buildings contain audible fire alarms on each floor? 3.  Yes  No

## Warehouse / Storage Facility Section

*Only Applicants with warehouse / storage facility exposures should answer the questions in this section.*

1. Do any warehouses / storage facilities contain "cold storage" facilities? 1.  Yes  No

2. Do any warehouses / storage facilities contain "high theft" items (e.g. - liquor or electronic equipment)? 2.  Yes  No

3. Do any locations contain medium or heavy manufacturing exposures? 3.  Yes  No

4. Do any locations contain explosives, harsh chemicals, or high-hazard materials? 4.  Yes  No

## Industrial Section

*Only Applicants with industrial exposures should answer the questions in this section.*

1. Do any locations contain medium or heavy manufacturing exposures? 1.  Yes  No

2. Do any locations contain explosives, harsh chemicals, or high-hazard materials? 2.  Yes  No

3. Do all buildings contain manually-operated fire alarms on each floor? 3.  Yes  No

4. Do all buildings contain audible or visual fire alarms on each floor? 4.  Yes  No

## Commercial Condominiums Section

*Only Applicants with commercial condominium exposures should answer the questions in this section.*

**Directors & Officers Liability Questions –**

1. Has Applicant had more than one D&O claim in the last three (3) years? 1.  Yes  No

2. Has Applicant been in existence for less than one (1) year? 2.  Yes  No

3. Is the developer on the board of directors? 3.  Yes  No

4. Is the occupancy rate less than 75%? 4.  Yes  No

5. Is there a negative fund balance? 5.  Yes  No

# Hotel / Motel Supplemental

Only Applicants with Hotel / Motel exposures should complete this section.

## Miscellaneous Section

1. Are any hotel / motel units rented as permanent residences? 1.  Yes  No

Locations rented to executives as temporary housing are not considered "permanent residences" for the purposes of this question. For instance, a Marriot Residence Inn would not be considered a "permanent residence" for the purposes of this question. *We cannot provide insurance coverage for hotels that rent rooms as low-income housing.*

2. Do any locations contain restaurants or bars which are leased to and operated by third parties? 2.  Yes  No

3. Do any hotel / motel locations contain or provide –

- (a) Dance floors?  Yes  No  
(b) Night clubs?  Yes  No  
(c) "Live" entertainment?  Yes  No  
(d) Bars?  Yes  No  
(e) Casino exposures?  Yes  No  
(f) Child or day care?  Yes  No

If "Yes" to any question, please describe:

\_\_\_\_\_

\_\_\_\_\_

4. Other than pools, in-house health clubs, and tennis courts (that are not used by professionals), are there any other recreation facilities or operations? 4.  Yes  No

If "Yes," please describe: \_\_\_\_\_

5. Is there a parking garage with more than 300 parking spaces at any location? 5.  Yes  No

## Life Safety Section

### General Questions

1. Loss control questions

- (a) Has A GL carrier inspected all hotel / motel locations in the past (3) years? 1. (a)  Yes  No  
(b) Are there any outstanding mandatory (a.k.a. - "critical") loss control recommendations? 1. (b)  Yes  No

2. Do all buildings comply with property statutes, local and state ordinances, and building codes? 2.  Yes  No

3. Smoke detector questions

- (a) Do all rooms contain functioning smoke detectors? 3. (a)  Yes  No

- (b) Do locations with battery-powered smoke detectors have annual maintenance programs to ensure proper functioning? 3. (b)  Yes  No  N/A

4. Are there restaurants at any location? 4.  Yes  No

- (a) If "Yes," are there automatic extinguishing systems in place? 4. (a)  Yes  No

5. Do any buildings contain aluminum wiring? 5.  Yes  No

6. Buildings with interior corridors (NFPA 101 questions)  Not applicable – Buildings do not have interior corridors.

- (a) Do corridors contain lighted exit signs and emergency lighting that illuminates means of egress? 6. (a)  Yes  No

- (b) Are the emergency lighting systems tested at least once (1x) annually? 6. (b)  Yes  No

- (c) Are exit signs clearly marked? 6. (c)  Yes  No

- (d) Are there two (2) means of egress per floor? 6. (d)  Yes  No

- (e) Are all exit doors unlocked and unobstructed? 6. (e)  Yes  No

- (f) Do all stairwells contain self-closing fire doors? 6. (f)  Yes  No

7. Internal stairwell questions  Not applicable – None of Applicant's buildings have internal stairwells.

- (a) Do all buildings contain at least two (2) fire towers with self-closing U.L. Class B fire doors? 7. (a)  Yes  No

- (b) Do all interior stairwells contain emergency lighting? 7. (b)  Yes  No

# Vacant Land Supplemental

Only Applicants with Vacant Land exposures should complete this section.

## Miscellaneous Section

- |  |   |
|--|---|
| 1. Is all vacant land <u>fenced</u> ?  | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. <u>How many locations</u> are there with vacant land?   | 2. _____  |
| 3. Is any <u>development or construction planned</u> on the vacant land in the <u>next 12 months</u> ? | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is Applicant aware of any <u>unauthorized access</u> on the vacant land by third parties?           | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Does Applicant <u>lease</u> the vacant land to third parties (e.g. – for use as a cattle ranch)?    | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Uninsured & Underinsured Motorists Liability Coverage Options Selector

- I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will have no Uninsured or Underinsured Motorists Liability coverage.
- I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will be surcharged \$50,000.00 for this coverage.

## Terrorism Liability Options Selector

- I decline to purchase Terrorism Risk Insurance Act ("TRIA") Liability coverage. I understand that I or the organization which I represent will have no coverage for losses arising from acts of terrorism.
- I would like to purchase Terrorism Risk Insurance Act ("TRIA") Liability coverage. I understand that I or the organization which I represent will be surcharged for this coverage [TRIA charges: (1) American Alternative Insurance Corporation – 10%; (2) American International Specialty Lines Insurance Company – included in premium; (3) Federal Insurance Company – 2%; (4) Lexington Insurance Company – Included in premium; (5) St. Paul Fire And Marine Insurance Company – included in premium).

## Anti-Fraud Agreement, Insurance Terms & Conditions & Agreement, Membership Terms & Conditions (Including Fee Disclosure) & Agreement

The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Information And Statements Set Forth In This Application (Including The Supplemental Applications And Schedules) 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 Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

**Purpose & Effect Of "Application For Insurance & Purchasing Group Membership."** By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At [www.purchasinggroups.com](http://www.purchasinggroups.com); (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At [www.purchasinggroups.com](http://www.purchasinggroups.com); (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges (If Applicable) When Due; (6) That Any Additional Materials Or Information Supplied By Applicant Or Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance (e.g. – Including, But Not Limited To, Supplementals, Schedules & ACORD Applications) Become A Material Part Of The Application For Insurance; (7) That This Application Which It Signs Is The Basis Of The Contract [Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (Hereinafter "EOI")], Whether Or Not Said Application Is Attached To The Policy &/Or EOI; (8) That This Application Is A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (9) That This Application Is Considered Attached To The Policy &/Or EOI For Legal Purposes, Whether Or Not It Is Physically Or Electronically Attached To The Policy &/Or EOI.

**Disclosure Regarding Shared Limits.** Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

**Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.]** PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

**Disclosure Pursuant To Terrorism Risk Insurance Act Of 2002.** By Signing Below, Applicant Agrees That It Has Read And Understands The "Disclosure Pursuant To The Terrorism Risk Insurance Act Of 2002" Which Appears At [www.purchasinggroups.com](http://www.purchasinggroups.com).

**To Learn More.** Please Visit [www.purchasinggroups.com](http://www.purchasinggroups.com), Which Contains More Information About Your Purchasing Group And Purchasing Groups, In General, As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGUs' Income, And Your Insurance Broker's Income.

\_\_\_\_\_, 20\_\_\_\_  
Signature of Applicant                      Date

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_  
Signature of Insurance Broker              Date

Print Name: \_\_\_\_\_

Title: Insurance Broker