

## HOMEOWNERS ASSOCIATION QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

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

Website: \_\_\_\_\_

### PROHIBITED CIRCUMSTANCES

*If any of the questions in this section are answered "YES," you are not eligible for coverage.*

1. Does the applicant have it's own volunteer fire department, sheriff, police or rescue squad?  Yes  No
2. Does the risk operate/maintain a sewage treatment facility or water treatment facility?  Yes  No
3. Does the applicant have a garbage dump?  Yes  No
4. Does the applicant have a private airport?  Yes  No
5. Does the applicant have an ice skating rink exposure?  Yes  No
6. Is the developer or contractor a named insured?  Yes  No
7. Does the applicant employ any security guards/patrol (independent contractors are ok)?  Yes  No
8. Does the applicant contract with armed security guards?  Yes  No
9. Does the applicant have a Class I or II dam (greater than 40 feet tall, have a storage volume greater than 500 acre feet or have a potential downstream hazard of injury or death to people, damage to homes, businesses, highways, railroads or other dams)?  Yes  No
10. Does the applicant allow time shares?\*\*  Yes  No

\*\*Ineligible under the homeowners program but can still be considered for coverage using the correct rating. Time shares should be rated using an appropriate apartment or hotel class, please see those guidelines for eligibility.

### GENERAL INFORMATION

1. How many total units are in the association? \_\_\_\_\_
2. How many units in the association are still undeveloped? \_\_\_\_\_
3. Do you rent your club house to others?  Yes  No
  - a. What is the total area of the club house? \_\_\_\_\_
4. Does the risk have a water dam exposure?  Yes  No
  - a. What is the height of the dam? \_\_\_\_\_
  - b. What is the storage volume of the dam? \_\_\_\_\_
  - c. What is the downstream damage potential? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**OTHER EXPOSURES**

1. Complete each of the following:

- a. Number of athletic fields or courts (baseball, basketball, tennis, volleyball): \_\_\_\_\_
- b. Number of swimming pools: \_\_\_\_\_
- c. Number of whirlpools: \_\_\_\_\_
- d. Number of saunas: \_\_\_\_\_
- e. Number of lakes, ponds or reservoirs: \_\_\_\_\_
- f. Number of beaches: \_\_\_\_\_
- g. Number of boat docks or slips: \_\_\_\_\_
- h. Miles of road maintained by applicant: \_\_\_\_\_
- i. Number of clubhouses: \_\_\_\_\_
- j. Number of parks or playgrounds: \_\_\_\_\_

If there is any swimming exposure, complete the **Swimming/Water Feature Questionnaire - CGE 160.**

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties.

**I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

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

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Applicant Signature	Title	Date
Producer Signature		Date