

Condo Protekt Supplemental Application

Applicant: _____ Effective Date: _____

Property Address: _____

Current Policy Information

Property Carrier					
Wind Deductible Terms					
Property Premium		Wind Premium		GL Premium	

Building (s) Information

Total Insured Values: \$ _____ Ave. Unit Sales Price: \$ _____

Fire Resistive _____% Masonry Non-Comb _____% Joisted Masonry _____% Frame _____%

Total # of Buildings		Total # of Units	
Year Built		% Sprinklered	
Roof Update Year		Other Updates Year	

- ❖ Are there security guards on the premises? Yes No
 - If yes, are they employed by the association? Yes No
 - If yes, any armed guards? Yes No

Type of Exposure	Number of Exposure Units	Please Specify if Other Coverage Applies
Boat Slips/Docks		
Clubhouse		
Gym/Fitness Center		
Pools		
Retail Units		
Tennis/Basketball Court		
Other:		

- ❖ Is there a clubhouse? Yes No
 - If yes, is it rented to other? Yes No
 - If yes, total receipts: \$ _____
- ❖ Is there a pool? Yes No
 - If yes, is it in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No

Please provide the following information on each building:

Building	Values	Construction Type	# Stories	# Units	Square Feet
1					
2					
3					
4					
5					
Totals					

_____ # of units rented to others?

_____ # of units vacant?

Water Damage Protection:

Procedure in place to keep heat maintained at least 50°F? Yes No

Procedure in place to use burst-proof hoses in units? Yes No

ELECTRICITY: Fuses Yes No Circuit Breakers Yes No Copper Wiring Yes No

Automobile Exposures (if HNOA coverage is requested):

Do employees use their personal Autos for Association business? Yes No

If yes, is the limit of liability on their Personal Auto policy \$300,000 or higher? Yes No

Do you obtain certificate of insurance from drivers showing proof of limits? Yes No

Umbrella Information (if GL and Umbrella coverage is requested):

Current Carrier: _____ Limits \$ _____ Premium \$ _____

LIMITS REQUESTED:

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Applicant Signature – required upon binding any coverage

I declare that the information submitted herein and in any supplemental attachments is true to the best of my knowledge, and that no material facts have been suppressed or misstated. I understand that an incorrect or incomplete statement could impact or void my coverage.

Applicant Name: _____ **Title:** _____

Signature of Applicant: _____ **Date:** _____

THE COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE COMPANY.