

**Required attachments for a bindable quote:**

- ACORD Application
- Statement of Values
- Completed CAPsure Supplement
- Currently Valued, 5-Year Hard Copy Loss Runs
- Capital Improvement Plan or Reserve Study  
(Required for locations > 15 years old and > 100 units)

Agency Code	Does agency currently control business?	Yes	No
Name of Agency	Effective Date		
Name of Insured/Applicant			
Date Bindable Quote Needed	Target Premium		

**Select all use classes applicable to this policy:**

Primary Association	___	Office < 25%	___
Secondary Association	___	Restaurant <25%	___
Homeowners Association (with building coverage)	___	Mercantile <25%	___
Homeowners Association (without building coverage)	Describe		

**Total Number of Units**

# Owner occupied	# Tenant occupied	# Under construction	# Vacant
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**Prequalification - If any of the following exposures exist, this risk does not qualify for MiddleOak Specialty**

**Check here to confirm that none of the following exist:**

1. Short term leases (< 1 year)
2. Grills on balconies at a building with over 24 units
3. Grills on balconies at a location with over 25% of the units leased (unless all buildings contain 8 units or less)
4. Armed guards, without contracts in place or any type of courtesy officer/off-duty police officer
5. Buildings where major systems haven't been updated within the past 30 years
6. Electric with any of the following: < 100 amps to each unit, knob and tube, fuses, circuit breaker panels manufactured by Zinsco or Federal Pacific with Stab-Lok, unremediated aluminum wiring
7. Plumbing with either of the following: Galvanized or polybutylene piping

<b>Rating</b> - Check all that apply	Dog recreation area	
Number of Inground pools	Stove top fire stops	
Central station fire alarms in common areas	Smoke free property	
Hard wired smoke detectors in units and common areas	Designated smoking area	
Full system 13R sprinkler system	Gut rehab	Year
Full system 13 commercial grade sprinkler system	Vacant land	Acres

Have there been any losses in the past three years?	Yes	No	Unknown
Describe			

## GENERAL

1. Any policy or coverage declined, canceled or non-renewed during the prior 3 years? YES NO
2. During the last 5 years (10 in RI) has any Named Insured, officer, director, stockholder or any partner or member been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson related crime in connection with this or any property? YES NO  
**If yes, risk is not eligible due to crime**
3. List any Additional Insureds being added to the policy

## PROPERTY MANAGEMENT AND PROTECTION

1. Who performs the day to day property management?
2. Property management company name
3. How often are on-site visits conducted? Weekly Monthly Quarterly Other
4. Who performs the following work? (Check all that apply)

**Snow Removal**                      **Grounds Maintenance**                      **Streets and Roads Maintenance**

Association Employee

Property Manager

Independent Contractor

Municipality

- a. If work is conducted by an independent contractor, are there contracts with hold harmless and indemnification agreements? YES NO

## PROPERTY EXPOSURES

1. Has any building been converted from its original usage (such as a school)? YES NO
2. Do all washers above the first floor have burst resistant hoses and/or automatic shut-offs? YES NO
3. Do all water heaters above the first floor have tanks with exterior drains? YES NO
4. Are steps taken to ensure that heat is maintained at 55 degrees or higher at all times? YES NO
5. For properties that are smoke free or have a designated smoking area:
- a. Is this clearly addressed in the by-laws? YES NO
- b. Has this been in place for at least 2 years? YES NO

## LIABILITY EXPOSURES

1. Does every building have two means of egress, such as a second interior stairwell, exterior stairs to grade, fire escape to grade or fire balconies?	YES	NO
2. Does the location have any underground oil tanks that were installed prior to 1990?	YES	NO
3. Are there any armed guards, or other type of armed security?	YES	NO
a. Are there contracts in place with a hold harmless and indemnification agreement? Copy of contract is required	YES	NO
4. Does any Named Insured own autos? If Yes, Non-Owned or Hired Auto Coverage is not available and will be deselected	YES	NO
5. Please check all amenities that apply to this risk:		
	<b>Day Care</b>	<b>Golf</b>
		<b>Skiing</b>
		<b>Boating</b>
		<b>Tanning Bed</b>
		<b>Health or Wellness</b>
		<b>Other</b>
Owner Operated		
Third Party Operated		
Describe Other		
a. If an amenity is operated by a third party, are there contracts with hold harmless and indemnification agreements? Copy of contract is required	YES	NO
6. Does any Named Insured sponsor off-site activities or special events?	YES	NO
Describe		
7. Is there a dog recreational area?	YES	NO
a. Are contracts required in which dog owners agree to hold the association harmless?	YES	NO
b. Are dog owners required to carry liability insurance?	YES	NO
c. Are rules posted that require residents to be responsible for the actions of their dogs including waste removal, aggressive behavior and damage caused by their dogs?	YES	NO
d. Does the insured have an established protocol for maintenance of the dog park, including landscaping, inspection of fencing and condition of the grounds?	YES	NO
Comments		

## FINANCIALS

To be completed for locations > 100 units, and > 15 years old IF a capital improvement plan or reserve study is not available

1. What is the annual budget amount?
2. What is the current capital reserve balance?
3. What is the annual reserve contribution?
4. Are there any scheduled special assessments? YES NO
  - a. What is the dollar amount of the special assessment(s)?

## EMPLOYEE DISHONESTY

To be completed if the coverage limit is \$100,000 or greater

1. Are annual financial statements prepared by an independent CPA? YES NO
2. Are the financial statements audited with the opinion of an independent auditing firm? YES NO
3. Is a countersignature required for all checks in excess of \$10,000? YES NO
4. Are bank accounts reconciled by someone who is not authorized to deposit or withdraw? YES NO
5. Does the Property Manager have discretionary authority to dispense funds? YES NO
  - a. What is the dollar limit of their authority?

## RENOVATION

To be completed if any construction or renovations are in progress

1. Describe the scope of the renovation
2. What is the cost in dollars of the renovation?
3. How long will it take to complete the renovation process?
4. Will the building be occupied during the renovation? YES NO
5. Will there be any asbestos or lead abatement? YES NO
6. Does the association have a contract with a reputable general contractor? YES NO
  - a. Does the general contractor name our insured as Additional Insured on their GL policy? YES NO  
**Copy of contract is required**

Comments

## COMMERCIAL OCCUPANTS

- |                                                                                                                          |     |    |
|--------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Are there any commercial occupancies operated by the association?                                                     | YES | NO |
| 2. Are there any commercial occupancies operated by a third party (lessors risk)?                                        | YES | NO |
| a. Are there contracts or leases in place for the lessors risk?<br>Copy of contract is required (unless office exposure) | YES | NO |
| 3. Is there a restaurant on the premises?                                                                                | YES | NO |
| a. Are there any deep fat fryers?                                                                                        | YES | NO |
| b. Does the extinguishing system meet current UL 300 requirements?                                                       | YES | NO |
| c. Is there a cleaning contract in force with an independent contractor?                                                 | YES | NO |
| d. Does the owner/operator provide a hold harmless and indemnification agreement?<br>Copy of contract is required        | YES | NO |

## HIGH RISE

To be completed for all buildings 5 stories or greater in height

- |                                                                                 |     |    |
|---------------------------------------------------------------------------------|-----|----|
| 1. Is there 24/7 Property Management available?                                 | YES | NO |
| 2. Is the electrical tested annually?                                           | YES | NO |
| 3. Are the elevators tested annually?                                           | YES | NO |
| 4. Are there trash chutes?                                                      | YES | NO |
| a. Are trash chutes sprinklered?                                                | YES | NO |
| 5. Are unit owners given evacuation diagrams?                                   | YES | NO |
| 6. Are evacuation instructions posted outside each elevator and floor?          | YES | NO |
| 7. Are there standpipes?                                                        | YES | NO |
| 8. Is there EIFS or other combustible materials on the outside of the building? | YES | NO |

## HIGH VALUE

To be completed for all frame, joisted masonry, or masonry veneer buildings with a building limit that exceeds \$5,000,000

- |                                                                                 |     |    |
|---------------------------------------------------------------------------------|-----|----|
| 1. Is the attic open and continuous?                                            | YES | NO |
| 2. Does the building have parapet walls that extend 30" above the roofline?     | YES | NO |
| a. How many sections do the parapet walls create?                               |     |    |
| 3. Is there adequate fire department accessibility on all sides?                | YES | NO |
| 4. Is there EIFS or other combustible materials on the outside of the building? | YES | NO |

## DEVELOPER EXPOSURES

To be completed if there is any developer involvement with the community. Please refer to the chart below for acceptable exposures by state.

A copy of the by-laws is required.

Certificate of Insurance is required with general liability occurrence limits totaling at least \$5 million

Developer Owned Units	Developer on the Board	Ongoing or Planned Construction
All states except CO, NY and WA	AR, AZ, CT, DE, IA, IN, MA, MD, ME, MI, NH, OH, TN, UT, VT, WI	AR, IN, MA, MI, NH, OH, TN, UT, WI

### Developer's Name:

1. What is the developer involvement in the community association? (Check all that apply)

Developer or developer controlled entity owns one or more units

Developer or developer controlled entity is on the Board of Directors

a. Will they be resigning the position within the next 9 months? YES NO

New construction is planned or in progress at this location (e.g. Phase II)

Describe scope:

Estimated date of completion:

If only owned units, there is no need to answer questions #2 and #3 below or submit a certificate of insurance

2. Has the developer been in business for at least 5 years? YES NO

3. Have there been any claims or litigation filed against the developer, or a contractor working on behalf of the developer, by the association or any unit owner at this or any other insured location? YES NO

**Notice of Information Practices**

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

**Notice of State Insurance Fraud Laws**

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (in Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be crime and subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, TN, VA, VT, WA and WV).**

**Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

**Applicable in Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

**Applicable in Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in Maine, Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Applicable in Vermont:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Application**

I have read all pages of this Policy Application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to which I am applying.

Applicant's Signature

Date

Producer's Signature

Date

Loss Control Contact Name

Loss Control Contact Phone