Condo Protekt Supplemental Application

Applicant: _____ Effective Date: _____

Property Address: _____

Current Policy Information

Propety 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.