

# RIC INSURANCE GENERAL AGENCY, INC.

license #0482919

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## Condominium or Homeowners Association General Liability Application

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location \_\_\_\_\_

Agent Name \_\_\_\_\_

Proposed Effective Date:

From \_\_\_\_\_ To \_\_\_\_\_

12:01 A.M., Standard Time at the address of the Applicant

**Applicant is:**     Individual                       Corporation                       Partnership  
                          Joint Venture                       Limited Liability Company                       Other (Specify) \_\_\_\_\_

Business Description: \_\_\_\_\_  
\_\_\_\_\_

### LIMITS OF LIABILITY REQUESTED

|   |    |
|---|----|
| General Aggregate                         | \$ |
| Products & Completed Operations Aggregate | \$ |
| Personal & Advertising Injury             | \$ |
| Each Occurrence                           | \$ |
| Fire Damage (any one fire)                | \$ |
| Medical Expense (any one person)          | \$ |
| Deductible                                | \$ |

**A. Years in business** \_\_\_\_\_

**B. Number of units** \_\_\_\_\_ Single family homes \_\_\_\_\_ Townhomes \_\_\_\_\_ Condos \_\_\_\_\_  
Commercial Condos \_\_\_\_\_ Time-Share Condos \_\_\_\_\_

**C. Number of stories** \_\_\_\_\_ Sprinklered? \_\_\_\_\_ Fire resistive? \_\_\_\_\_

**D. How many swimming pool(s)?** \_\_\_\_\_ Any diving boards over one meter in height? \_\_\_\_\_ Are rules posted? \_\_\_\_\_  
Are pool(s) fenced? \_\_\_\_\_ Are gate(s) self closing and locking? \_\_\_\_\_ Any lifeguards? \_\_\_\_\_

**E. Number of:** Clubhouse(s) \_\_\_\_\_ Sauna(s) \_\_\_\_\_ Spa(s) \_\_\_\_\_

**F. Number of:** Baseball park(s) \_\_\_\_\_ Volleyball court(s) \_\_\_\_\_ Tennis court(s) \_\_\_\_\_ Basketball court(s) \_\_\_\_\_  
Racquetball court(s) \_\_\_\_\_ Playground(s) \_\_\_\_\_ Lakes (no. of acres) \_\_\_\_\_ Swimming allowed? \_\_\_\_\_  
Ice Skating \_\_\_\_\_ Boat docks \_\_\_\_\_ Boat rentals \_\_\_\_\_ Dams \_\_\_\_\_

If so, complete supplemental questionnaire.

**G. Any waterworks/sewage treatment/disposal facilities?** \_\_\_\_\_

**H. Is the association responsible for maintenance of the roads?** \_\_\_\_\_ If so, how many miles of road? \_\_\_\_\_

**I. How many park(s)** \_\_\_\_\_ Describe in detail: \_\_\_\_\_

**J. Any horse trail(s) or bike trail(s)?** \_\_\_\_\_ If so, how many miles of trail(s)? \_\_\_\_\_ Describe trail(s) in detail: \_\_\_\_\_

**K. Any stables?** \_\_\_\_\_ Riding arenas \_\_\_\_\_ Jumps \_\_\_\_\_

- L. Any master associations which provide group common areas for individual associations? \_\_\_\_\_
- M. Any "security guards" on premises? \_\_\_\_\_ If so, how many? \_\_\_\_\_ Are they armed or unarmed? \_\_\_\_\_  
 Does association directly employ security guards? \_\_\_\_\_  
 If outside security guard service, are certificates of insurance required? \_\_\_\_\_
- N. Total number of employees: \_\_\_\_\_
- O. Does applicant have Workers' Compensation coverage in force? \_\_\_\_\_
- P. Does applicant lease employees? \_\_\_\_\_
- Q. Any special events? \_\_\_\_\_
- R. Any other exposures which the association is responsible for?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- S. Please attach (A) Any descriptive or advertising literature; (B) Copy of usual performance contract with client; (C) Any hold harmless agreements executed in favor of client.

Previous Insurer: Indicate premium and losses for past three years. Describe all losses.

| YEAR | COMPANY | POL.# | PREMIUM | LOSSES PAID | LOSSES RESERVED | DESCRIPTION |
|------|---------|-------|---------|-------------|-----------------|-------------|
|      |         |       |         |             |                 |             |
|      |         |       |         |             |                 |             |
|      |         |       |         |             |                 |             |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or 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.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Producer's signature \_\_\_\_\_ Date \_\_\_\_\_

NAME AND PHONE NUMBER OF PERSON TO CONTACT FOR INSPECTION AND/OR PREMIUM AUDIT PURPOSES

\_\_\_\_\_

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**IMPORTANT NOTICE**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

Condominium or Homeowners Association