



P referred P roperty P rogram

CONDO'S; CO-OPS; TIME SHARES; HOA'S; PUD'S

Holmdel Executive Center

960 Holmdel Road

Holmdel, NJ 07733

We've Got You Covered

877.807.8708 fax 213.627.5006

Name of Agency _____

Contact Name _____

Address _____

Address _____

Phone: _____ Fax: _____

PPP APPLICATION: CONDO'S; CO-OPS; TIME SHARES; HOA'S; PUD'S

Name of Association _____

Mailing Address (C/O, Street, City, State, Zip Code) C/O _____

Street _____ City _____ State _____ Zip _____

DESCRIPTION OF OPERATION: (i.e. -standard Condo; Office Condo consisting of professional offices, etc.)

(If occupied by tenants other than habitational, please list)

LIMITS DESIRED: \$15,000,000 \$25,000,000 \$50,000,000

Proposed Effective Date _____ Expiration Date (less than 12 months) _____

Does your company currently write this account yes no

Is this account being quoted midterm yes no Explain _____

Current Umbrella Carrier: _____ Current Umbrella Premium _____ Limit: _____

Community Association type:

- Condominium - Residential
- Cooperative Apartment
- Homeowners Association /PUD
- Timeshare Units
- Commercial Condominium
- Office Condominium

Desired Underlying Insurance Coverage's

- General Liability
- Employers Liability
- Directors & Officers Builder Developer on Board
- Commercial Automobile
- Liquor Liability Receipts _____
- Other Explain _____

RATING INFORMATION:

Frame Brick Veneer Joisted Masonry Non-Combustible Masonry Non-Combustible Fire Resistive
 Modified Fire Resistive Other (explain) _____

Clubhouse? # of Residential/Homeowner Units _____ # of Pools _____ Diving Board -height _____

Year Built _____ # of Stories _____ Underlying GL Premium _____ Number of Employees _____

Sprinkler System	<input type="checkbox"/> None	<input type="checkbox"/> 100%	<input type="checkbox"/> Partial (explain) _____	<input type="checkbox"/> Common Areas Only
Smoke Detectors	<input type="checkbox"/> None	<input type="checkbox"/> Every Unit	<input type="checkbox"/> Every Unit & Common Areas	<input type="checkbox"/> Common Areas Only
Standpipes	<input type="checkbox"/> yes	<input type="checkbox"/> No	Emergency Lighting? <input type="checkbox"/> yes	<input type="checkbox"/> No
Elevator Recall	<input type="checkbox"/> yes	<input type="checkbox"/> No	Annunciator Panels? <input type="checkbox"/> yes	<input type="checkbox"/> No
Manual Pull Alarms	<input type="checkbox"/> yes	<input type="checkbox"/> No	Two Exits Per Floor? <input type="checkbox"/> yes	<input type="checkbox"/> No
			Enclosed Stairwells <input type="checkbox"/> yes	<input type="checkbox"/> No



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AUTO EXPOSURE: N/A Hired & Non Owned Only Fleet

Total # Of vehicles _____ Combined single limit \$1,000,000 underlying minimum required

Class of vehicles: # Light _____ Medium _____ Private Passenger _____

Passenger Vans _____ Passenger Capacity _____ # Buses/Jitneys _____ Passenger Capacity _____

Any Additional Exposures N/A

- Restaurant
- Boat Slips # _____
- Day Care
- Tot Lots # _____
- Golf Course
- Exercise/Weight Room
- Commercial Total Sq Footage _____
- Ski Area
- Retail Stores Square Footage _____
- Office Total Sq Footage _____
- Sauna
- Other (elaborate) _____
- Lakes or Ponds Depth ? _____ Swimming or Skating Allowed? Yes No Posted Yes No

Liability Exclusions and Endorsements: Check All that Apply:

- Standard ISO Forms
- Punitive Damages Exclusion
- Physical/Sexual Abuse
- Lead Contamination Exclusion
- Employment Related Exclusion
- Terrorism
- Assault and Battery Exclusion
- Designated Premises Limitation
- Mold /Fungus /Spore
- Asbestos Exclusion
- Professional Liability Exclusion
- Other (list)

Insured Property Location:

Same as Mailing

City _____ State _____ Zip Code _____ County _____

Street Addresses Provide street addresses for all buildings

PRIOR CARRIER INFORMATION:

Has any insurance been non-renewed or cancelled by an insurance company in the last 3 years yes no
Describe circumstances, give carrier name, reasons for non-renewal or cancellation and dates

SCHEDULE OF UNDERLYING LIABILITY: Must Be Completed To Bind

Primary Liability (CARRIER MUST BE RATED A- VII OR BETTER) Per location endorsement if multiple locations

Carrier _____

Policy No. _____ Effective Date _____ Expiration Date _____

Per Occurrence Liability limit _____ General Aggregate _____

Directors and Officers N/A (CARRIER MUST BE RATED A- VII OR BETTER; **CLAIMS MADE REQUIRED**)

Carrier _____

Policy No. _____ Effective Date _____ Expiration Date _____

Liability limit _____



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Employers Liability

N/A (CARRIER MUST BE RATED A- VII OR BETTER)

Carrier _____

Policy No. _____ Effective Date _____ Expiration Date _____

Liability limit _____

Automobile Liability

N/A (CARRIER MUST BE RATED A- VII OR BETTER)

Carrier _____ Policy No. _____

Effective Date _____ Expiration Date _____

Liability limit _____

LOSS HISTORY INFORMATION:

List all liability occurrences, claims and losses for **past 5 years over \$25,000**. You must attach insurance company loss runs. Describe any general liability, automobile or workers compensation claims exceeding \$50,000. If None so state.

Date	Type/Description of Occurrence	Paid Amount	Reserve Amount	Status Open/Closed
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Is any person/entity proposed for this Insurance aware of any fact, circumstance, or situation which may result in or give rise to a claim against the organization or any of its Members, Officers, or Employees?

yes no Provide Details, if yes:

FRAUD CLAUSE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

Applicant / Authorized Representative Signature

Date
