

HOA General Liability & Property

First named Insured _____

Name of Contact Person _____

DBA (Doing Business As) _____

Proposed Effective Date: _____

Mailing Address: _____

Home Telephone: _____ Work Telephone: _____

Fax Telephone _____ Email Address: _____

Type of Business: Individual Partnership Corporation Subchapter's Corp Limited Corp

Year business started: _____ Number of Employees: Full time (Include Self) _____

Number of Employees: Part time _____

Premises Information

Address: Street, City, State, Zip _____

City Limits- Inside Outside

Year Built: _____

HOA Total Square Feet: _____

Property Details- # of Units and Size

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General Information and underwriting questions

1. Any policy of coverage declined, cancelled or non-renewed during the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Any uncorrected fire code violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please explain any Yes answers:

Prior Carrier Information- Commercial General Liability---

 No Previous Carrier

Carrier Name:	Current Premium: \$
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General Aggregate: \$	Each Occurrence: \$
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****IMPORTANT DOCUMENTS REQUIRED: For existing businesses you will need to request 4 years of LOSS RUNS from your current insurance provider. Please fax the LOSS RUNS to 619-584-7407. Insurance companies may take up to ten days to provide you with this information****

Loss History

Check this box if you have No Prior losses in the last 4 years: Lost history information: Please list dates, description of claim, amount paid, and claim status.

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Commercial Liability Coverage Requested

General Aggregate Liability Coverage: _____ Each occurrence: _____

Additional Interest/Certificate Receipt- Additional Insured | Loss payee | Mortgagee | Lien holder | Employee as Lessor

Name and Address _____

Name and Address _____

General Liability Information

1. Any parking facilities owned/rented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is a fee charged for parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Recreation facilities provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there a swimming pool on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is there an elevator?	Yes No
Please explain any Yes answers:	

Property Coverage Information—Example- One 2 store building-- \$500,000 with a \$2,500 Deductible

Subject of Insurance	Amount	Deductible
1.		
2.		
3.		

Construction Type- Frame/Cement/Block..etc	Distance to: Hydrant and Fire Station		# Stories	# of Basements	Yr Built	Total Sq Ft
	Feet	Miles				
1.						
2.						
3.						

Building Improvements- Please list what year the Wiring, Roof, Plumbing, and Heating were updated.

	Yr Wiring Updated	Yr Roof Updated / Roof Type	Yr Plumbing Updated	Yr Heating Updated
Building 1				
Building 2				
Building 3				

Please list what type of structures surround your building- Example- Road 50ft from building.

Right Exposure & Distance	Left Exposure & Distance	Rear Exposure & Distance
1.		
2.		
3.		

Burglar Alarm Type	Fire Alarm Type	Premises Fire Protection (Sprinklers, CO2, Etc.) + % of Sq Ft Sprinkled
1.		
2.		
3.		

General Underwriting Questions:

1. Any aluminum wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is all wiring connected to circuit breakers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are stairs, balconies, sidewalks, driveways or parking lots in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are all common doors equipped with self-closing and locking mechanisms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are all units and common areas equipped with smoke detectors & fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are wood stoves, space heaters or temporary heating units in use on the premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Any applicant with tax liens, past due accounts or prior/pending bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Any timeshare, short term or seasonal rentals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Any bars on windows or security guard hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Any Insurance Company recommendation outstanding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Mortgage ever declined due to property inspection or any other reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Property

12. Property values over \$3,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is the building on an historical registrar?.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is the property in a coastal area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the occupancy rate below 80%?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Any barns on the premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Liability

17. Are periodic checks and repairs made as necessary on all stairs, balconies, sidewalks, driveways or parking lots?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is the security lighting adequate inside and outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Management on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Maintenance on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do the stairs or balcony railings have a gap exceeding 4 ½ inches	<input type="checkbox"/> Yes <input type="checkbox"/> No

22. Number of Buildings _____ Number of Units _____ Total Sq. Ft. _____ Number of Stories _____

Additional Information: