

Western World Insurance Company

Tudor Insurance Company

General Liability Application For Condominium or Homeowners' Association

1. Name of Applicant: _____
Address: _____
Applicant's Web Site Address: _____

2. Individual Corporation Partnership Joint Venture LLC Other Specify: _____

3. Limits Of Insurance Requested:
General Aggregate Limit (Other than Products-Completed Operations) \$ _____
Products-Completed Operations Aggregate Limit \$ _____
Personal and Advertising Injury Limit \$ _____ any one person or org.
Each Occurrence Limit \$ _____
Damage to Premises Rented to You (up to \$100,000 limit available) \$ _____ any one premise
Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one person

4. Effective Dates Desired: From: _____ To: _____

5. Years in business: _____ When was construction of units completed? _____

6. Have all development and/or construction operations been completed? Yes No
Has control of association been transferred from builder/developer? Yes No
Is the developer/sponsor a member of the board of directors? Yes No
Does developer/sponsor maintain representation or board of directors? Yes No

7. Number of units _____ Single Family Homes _____ Town homes _____ Condos _____
Rental Units _____ Commercial Condos _____ Time -Shares _____

8. Number of stories _____ Sprinklered? Yes No Fire resistive? Yes No
If risk is sprinklered: a. Full Yes No b. Partial Yes No
Areas of coverage: Entire Building Units Common Areas
 Attic Basements Garage

9. Beach: a. Does Applicant maintain the beach? Yes No
b. Does Applicant own the beach? Yes No
c. Does Applicant provide lifeguard services? Yes No
d. Does Applicant provide amenities (i.e., beach chairs and umbrellas)? Yes No

10. How many swimming pools? _____ Indoor or Outdoor Pool Depth of water? _____ ft.
Number of diving boards, pool slides, or diving platforms? _____
Any diving boards, pool slides, or diving platforms over 8 ft. in height? Yes No
Are rules posted? Yes No Are pools fenced? Yes No
Are gates self closing and locking? Yes No Lifeguards on duty when pool is open? Yes No
What is the age of the pool? _____ Number of pool drains per pool? _____
Do all pool drains and grates have covers that cannot be removed without the use of a tool? Yes No
Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? Yes No
Drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate? Yes No
Pool has an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain? Yes No
Are dual or multiple drains at least three (3) feet apart? Yes No
If Applicant is not in compliance with the VGB Act, when does Applicant expect to be? _____

11. Number of: Clubhouses _____ Convenience Stores _____ Saunas _____
Spas _____ Baseball diamonds _____ Volleyball courts _____
Tennis courts _____ Basketball courts _____ Racquetball courts _____
Playgrounds _____ Lakes (no. of acres) _____ Diving rafts _____
Ice Skating _____ Bathing beaches _____ Restaurant/Lounges _____
Boat docks _____ Boat rentals _____ Vacant Land (# of acres) _____
Private airports _____ Shooting Ranges _____ Golf Course _____
Jet skiing allowed _____ Other facilities/activities _____

12. Clubhouse – If there is a clubhouse, is it rented to: Members Non-Members
13. Any waterworks/sewage treatment/disposal facilities? Yes No
Describe in detail: _____
Any dams? Yes No Describe: _____
14. Is the association responsible for maintenance of roads? Yes No
If so, how many miles of road? _____
15. How many parks? _____ Describe in detail: _____
16. Any horse trails, bike trails, or walking trails? Yes No
If yes, how many miles of _____ Describe trails in detail: _____
17. Any stables? Yes No Riding arenas Yes No
Jumps? Yes No Saddle animals for hire? Yes No
18. Is this a master association which provides group common areas for individual associations? Yes No
19. Does association include commercial and/or institutional members? Yes No
20. Any security guards on premises? Yes No
If yes, how many? _____ Are they armed or unarmed?
Does association directly employ guards? Yes No
If outside security service, are certificates of insurance required? Yes No
21. Total number of employees? _____
22. Does Applicant have Workers Compensation coverage in force? Yes No
23. Does Applicant lease employees? Yes No
24. Any special events? Yes No
25. Any sponsored athletic teams? Yes No
If yes, please describe: _____
26. Any other exposures for which the association is responsible? Yes No
Describe: _____
27. Previous Insurer: Indicate premium and losses for the past three (3) years. Describe all losses.

Year	Company	Policy No.	Premium	Losses Reserved	Description

28. Any owned or long term leased commercial autos? Yes No
Who is auto insurance carrier? _____
29. Any autos rented on a temporary basis? Yes No
30. Does Applicant require any employee to use their personal auto to conduct Applicant's business? Yes No
31. How often are non-owned autos used in Applicant's business? Daily Weekly Monthly
32. Total number of non-owned autos used in Applicant's business? _____
33. Does the Applicant require employees and volunteers to have their own auto insurance? Yes No
If yes, what are the minimum limits required? _____
Does the Applicant require evidence of insurance? Yes No

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.

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____