



# Community Association Insurance **Application**

U.S. Risk, LLC | 14241 Dallas Parkway, Suite 850, Dallas, Texas 75254

## REQUIRED DOCUMENTS

Please provide the following with your completed TCAP application:

- ACORD Application
- Statement of Values
- 3–5 years currently valued loss runs for all lines requested
- Copy of annual budget
- Plot plan or diagram of the community
- Tenant list

## SUBMISSIONS

Submit this completed application to your TCAP underwriter.

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## GENERAL INFORMATION

1. Effective date of coverage requested: \_\_\_\_\_
2. Type of community (single-family, condo, townhouse, co-op, duplex): \_\_\_\_\_
3. Legal name of community association: \_\_\_\_\_
4. Physical address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
5. Management firm: \_\_\_\_\_  Self-Managed
6. Property manager: \_\_\_\_\_
7. Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_
8. Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
9. Federal ID Number (needed prior to binding): \_\_\_\_\_
10. Property manager's management role:  Onsite  Portfolio
11. Property manager's availability:  Regular business hours  24/7
12. Property manager designation:  AAMC  PCAM  LSM  CIRMS  N/A
13. Community web address (URL): \_\_\_\_\_
14. Does Association produce a newsletter or other similar publication?  Yes  No
15. Year Association was established/incorporated: \_\_\_\_\_
16. Has the association ever filed for bankruptcy?  Yes  No
17. Has the Association been continuously insured for all lines of coverage since its inception?  Yes  No  
If not, explain why insurance was not maintained: \_\_\_\_\_
18. Has there been more than \$10,000 in losses for any line of coverage in the past three years?  Yes  No If yes, explain: \_\_\_\_\_
19. Number of units: \_\_\_\_\_
20. Number of units occupied by owners: \_\_\_\_\_
21. Number of units occupied by renters: \_\_\_\_\_
22. Is the community currently under construction?  Yes  No  
If yes, please provide estimated TIV and total units at the following points:
  - a. End of upcoming policy term: Units: \_\_\_\_\_ TIV: \_\_\_\_\_
  - b. Completed Construction: Units: \_\_\_\_\_ TIV: \_\_\_\_\_



**PROPERTY**  N/A

Note: SOV accepted if the following info is included.

- 1. Year community was built: \_\_\_\_\_
- 2. Total Insured Values: \$ \_\_\_\_\_
- 3. Building value: \$ \_\_\_\_\_
- 4. Personal property value: \$ \_\_\_\_\_
- 5. Outdoor property value: \$ \_\_\_\_\_
- 6. Carport property value: \$ \_\_\_\_\_
- 7. Misc. property value: \$ \_\_\_\_\_
- 8. Number of buildings: \_\_\_\_\_
- 9. Square footage of buildings: \_\_\_\_\_
- 10. Number of stories: \_\_\_\_\_
- 11. Any commercial occupancy  Yes  No If yes, describe:

12. How were the values determined?

- 13. Construction type of buildings: \_\_\_\_\_
- 14. ISO fire protection class: \_\_\_\_\_
- 15. Any construction uses of EIFS (Exterior Insulation Finish System)?  Yes  No
- 16. Fire protection:  Sprinklers  Standpipes
- 17. Fire alarms:  Yes  No
- 18. Roof construction: \_\_\_\_\_
- 19. Roof type: \_\_\_\_\_ If tile, are the tiles metal or concrete?  Metal  Concrete
- 20. Year of most recent total roof replacement (not repair): \_\_\_\_\_
- 21. What year were each of the following last updated?
  - a. Wiring: \_\_\_\_\_
  - b. Plumbing: \_\_\_\_\_
  - c. HVAC: \_\_\_\_\_
- 22. Is there aluminum wiring?  Yes  No If yes, is it pigtailed?  Yes  No
- 23. Expiring property premium: \$ \_\_\_\_\_
- 24. Expiring property deductibles: AOP: \$ \_\_\_\_\_ W/H: \$ \_\_\_\_\_

**BUILDING SPECIFIC**

- 1. Number of exits per building: \_\_\_\_\_
- 2. Emergency lighting:  Yes  No
- 3. Evacuation plan posted:  Yes  No
- 4. Are clubhouses available for rent to owners?  Yes  No  N/A To non-owners?  Yes  No  N/A
- 5. Number of elevators: \_\_\_\_\_

**GENERAL LIABILITY**

- 1. **OCCUPANCY**
  - a. Number of units vacant: \_\_\_\_\_ b. Number of units foreclosed: \_\_\_\_\_
- 2. **ATHLETIC AMENITIES**  N/A
  - a. Total number of sport courts (basketball/tennis/volleyball):
    - i. Number of basketball courts: \_\_\_\_\_
    - ii. Number of tennis courts: \_\_\_\_\_
    - iii. Number of volleyball courts: \_\_\_\_\_



iv. Gyms or fitness centers?  Yes  No

If yes, indicate square footage: \_\_\_\_\_

b. Number of saunas/steam rooms: \_\_\_\_\_

c. Does Association sponsor any teams or events?  Yes  No

d. What other amenities?  None  Driving range  Fishing  Golf course  Soccer or baseball field

Other (specify): \_\_\_\_\_

3. **LAKES/PONDS**  N/A

a. Number of lakes or ponds: \_\_\_\_\_ Total acreage: \_\_\_\_\_

b. Public or private lake?  Public  Private

c. Any lake or pond larger than 10 acres?  Yes  No

d. Are lakes/ponds used for recreation?  Yes  No

If yes, indicate type(s) of activity: \_\_\_\_\_

e. If used for recreation, are there set rules?  Yes  No

f. Are warning signs posted?  Yes  No

g. Number of beaches: \_\_\_\_\_

h. Number of docks, boat slips or piers: \_\_\_\_\_

i. Are docks full-service (fuel, shop, etc.)?  Yes  No  N/A

j. Does the Association provide any recreational watercraft?  Yes  No  N/A

4. **POOLS/SPAS**  N/A

a. Number of pools/spas: \_\_\_\_\_

b. Lifeguards on duty:  Yes  No

If yes, specify employment status:  Contract  Employee

c. Pool rules posted:  Yes  No

d. Compliant with Virginia Graeme Baker Act (drain anti-suction device):  Yes  No

e. Pool fenced:  Yes  No

f. Self-closing gates:  Yes  No

g. Depth markers:  Yes  No

h. Pool maintenance done by qualified person or outside service:  Yes  No

i. Diving boards:  Yes  No

If yes, 1 meter or less in height?  Yes  No  N/A

j. Water slides:  Yes  No

If yes, 10 feet or less in height?  Yes  No  N/A

5. **PLAYGROUNDS**  N/A

a. Number of playgrounds: \_\_\_\_\_

b. Protective surface:  Yes  No  N/A

6. **ROADS**  N/A

a. Public or private?  Public  Private

b. If roads are private, number of miles: \_\_\_\_\_ Who maintains? \_\_\_\_\_

7. **SECURITY**  N/A

a. Security guard on site:  Yes  No

b. Is security guard a contractor or employee of Association?  Contractor  Employee

c. Is security guard armed?  Yes  No  N/A

8. Would you like to add Hired and Non-Owned Auto?  Yes  No





**COMMERCIAL OCCUPANCY**

1. If applicable, please attach commercial tenant list.

**MAINTENANCE CONTRACTORS OR THIRD-PARTY CONTRACTORS OF THE ASSOCIATION**

- 1. Are written contracts in place?  Yes  No
  - 2. Is Association added as an Additional Insured under contracts?  Yes  No
  - 3. Are certificates of insurance obtained?  Yes  No If yes, are limits at least \$1M Occurrence/\$2M Aggregate?  Yes  No
  - 4. What is average annual contract budget? \$ \_\_\_\_\_
  - 5. Who is responsible for supervising/managing any construction work that is performed by or on behalf of the Association?
- 

**DIRECTORS & OFFICERS**  N/A

- 1. Any possible assessments pending?  Yes  No If yes, explain:
  
- 2. Any past assessments?  Yes  No If yes, explain:
  
- 3. Does developer control the board?  Yes  No
- 4. Does any one person or entity (other than developer while being held for sale) own more than 15% of units?  Yes  No
- 5. Percentage of owners with delinquent dues?  0-15%  16% or greater
- 6. Has the board taken any action against any unit owner(s) in the last 5 years?  Yes  No If yes, explain:
  
- 7. Number of Association employees: \_\_\_\_\_
- 8. Is there a positive fund balance?  Yes  No
- 9. Has the insured had any claim, notice of circumstance, or wrongful act which has been the subject of notice under such insurance in the last 5 years?  Yes  No If yes, explain:

**CRIME COVERAGE**  N/A

- 1. Financial statement prepared annually?  Yes  No  
If yes, who prepares it? \_\_\_\_\_
- 2. Is an Independent Certified Public Accountant involved in the applicant's financial reporting?  Yes  No
- 3. Is a countersignature required on all checks?  Yes  No  N/A
- 4. Are bank accounts reconciled by someone not authorized to withdraw or deposit funds?  Yes  No
- 5. Has similar insurance been declined or canceled during the last three years?  Yes  No
- 6. Do you have foreign exposure (outside the U.S., Canada, Puerto Rico or Virgin Islands)?  Yes  No
- 7. Is a signature stamp or check signing machine used?  Yes  No
- 8. Is an authorized vendor list utilized to assist in detecting payments to fictitious suppliers?  Yes  No
- 9. Does the property manager carry crime coverage?  Yes  No  N/A





10. Does the Association require greater than \$100,000 employee theft limits?  Yes  No

If yes, what amount? \$ \_\_\_\_\_

11. Is employee theft limit equal to a minimum 3-month aggregate assessment on all units plus reserve funds?  Yes  No

12. Are the following minimum limits acceptable?

- a. \$100,000 Employee Theft:  Yes  No If no, limit requested: \$ \_\_\_\_\_
- b. \$25,000 Computer Fraud:  Yes  No If no, limit requested: \$ \_\_\_\_\_
- c. \$25,000 Forgery or Alteration:  Yes  No If no, limit requested: \$ \_\_\_\_\_
- d. \$25,000 Funds Transfer Fraud:  Yes  No If no, limit requested: \$ \_\_\_\_\_
- e. \$25,000 Money Orders and Counterfeit Currency:  Yes  No If no, limit requested: \$ \_\_\_\_\_
- f. \$5,000 Theft Inside Premises:  Yes  No If no, limit requested: \$ \_\_\_\_\_
- g. \$5,000 Theft Outside Premises  Yes  No If no, limit requested: \$ \_\_\_\_\_

**UMBRELLA**  N/A

1. Limit requested: \$ \_\_\_\_\_

2. Does the community currently carry an umbrella policy?  Yes  No

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT, IN, DC, LA, ME AND VA. INSURANCE BENEFITS MAY ALSO BE DENIED.

**It is agreed that the completion of this application neither obligates the Applicant to purchase insurance nor binds the issuing carrier to effect insurance.**

\_\_\_\_\_  
Applicant/Property Manager Signature

Typed or printed name: \_\_\_\_\_

\_\_\_\_\_  
Date

Title: \_\_\_\_\_

\_\_\_\_\_  
Producer's Signature

Typed or printed name: \_\_\_\_\_

\_\_\_\_\_  
Date

Title: \_\_\_\_\_