



MUSIC Condominium/Homeowners Association Supplemental Application

Applicant's Name _____

Agent Name _____

DBA _____

Address _____

Mailing Address _____

Proposed Effective Date:

Web Address _____

From _____ To _____

(12:01 am Standard Time at the address of the Applicant)

Years of Experience _____ years

The Association is:

Years doing business under current name _____ years

- Townhouse
- Residential Condominium
- Commercial Condominium
- Property Owner
- Homeowners
- Other

Limits of Liability Requested

Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Fire Legal (any one premise)	\$
Medical Expense (any 1 person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$	BI/PD per Claim - LAE

Property Locations

	Address	City	State	Zip Code
Location 1				
Location 2				
Location 3				
Location 4				

Pool Information

Number of pools _____

Is the pool(s) fenced? Yes No

Self locking gates? Yes No

Is there a diving board? Yes No

Posted Rules Yes No

How high is the board? _____ meters



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Lifeguard on premises?

Yes No

Is there a slide?

Yes No



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Life Saving Equipment in place? Yes No How tall is the slide? _____ Feet

Recreational Activites (please list the number of each)

Playgrounds	_____	Beaches	_____
Basketball Courts	_____	Spas/Gyms	_____
Acres of Lakes/Ponds	_____	Racquetball Courts	_____
Square Feet of Clubhouse	_____	Baseball Fields	_____
Tennis Courts	_____	Miles of Bike Trails	_____
Volleyball Courts	_____	Boat Slips	_____

Security Information

Is security provided? Yes No Is the property Gated? Yes No

Armed or Unarmed? _____ How is entry gained? _____

Independent Contractor? Yes No Who is given access to property? _____

Are contractors insured? Yes No Are there alarms in every unit? Yes No

Who monitors alarms? _____

Fire Protection

Are the buildings sprinklered? Yes No

Are there smoke detectors in each unit? Yes No

Are the smoke detectors checked regularly? Yes No

Are fire extinguishers in all units? Yes No

Are fire extinguishers in all common areas? Yes No

Account Revenue Projections and History

Year	Payroll	Gross Receipts	Sub-Contracted Cost (Incl Cost of Materials)
Next 12 Months			

Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					



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Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

- Are utilities supplied by public entities? Yes No
- Are utilities supplied by private entities? Yes No
- Are there any water/sewage treatment or disposal facilities? Yes No
- How many miles of road on the property? _____ Miles
- Indicate the percentage of developer interest _____ %
- Is there any vacant land on the property? Yes No
- If yes, please explain _____
- Is there any remodeling or updating planned in the next year? Yes No
- Is there any riding arenas, horse jumps, stables, or saddle animals for hire? Yes No
- Are there any sponsored special events? Yes No
- If yes please explain _____
- Are there any sponsored athletic teams? Yes No
- If yes, please explain _____
- Are there any dams on premises? Yes No
- Are there any private airports on premises? Yes No
- Have all construction operations been completed? Yes No

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____

Date _



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Agents Signature _____

Date _



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