

Member Companies of Western World Insurance Group

- Western World Insurance Company
 Tudor Insurance Company
 Stratford Insurance Company

General Liability Application

For

Condominium or Homeowners' Association

Name of Applicant _____
 Address _____
 Inspection phone # _____ Contact person _____
 Applicant's Web Site Address _____

- Individual Corporation Partnership Joint Venture Limited Liability Company
 Other (Specify) _____

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 organization
 Each Occurrence Limit \$ _____
 Damage to Premises Rented to You (up to \$50,000 limit available) \$ _____ any one premise
 Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one person
 Each Professional Incident Limit (if applicable) \$ _____

Effective Dates Desired: From _____ To _____

- A. Years in business _____ When was construction of units completed? _____
- B. Have all development and/or construction operations been completed? Yes No
- C. Number of units _____ Single Family Homes _____ Town homes _____ Condos _____
 Rental Units _____ Commercial Condos _____ Time -Shares _____
- D. Number of stories _____ Sprinklered? Yes No Fire resistive? Yes No
- E. How many swimming pools? _____ Number of diving boards, pool slides, or diving platforms? _____
 Any diving boards, pools, slides, or diving platforms over 8 ft. in height? Yes No
 Indoor or outdoor pool Depth of water? _____ ft.
 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 have a safety vacuum cutoff? Yes No
 Has pool been fitted with anti-vortex drain covers? Yes No
- F. 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 _____
 Jet skiing allowed _____ Other facilities/activities _____

- G. Any waterworks/sewage treatment/disposal facilities? Yes No
Describe in detail. _____
Any dams? Yes No
Describe _____
- H. Is the association responsible for maintenance of roads? Yes No
If so, how many miles of road? _____
- I. How many parks? _____ Describe in detail: _____ How many trails? _____
- J. Any horse trails or bike trails? Yes No
If yes, how many miles of trails? _____ Describe trails in detail: _____
- K. Any stables? Yes No Riding arenas Yes No
Jumps? Yes No Saddle animals for hire? Yes No
- L. Is this a master association which provides group common areas for individual associations? Yes No
- M. Does association include commercial and/or institutional members? Yes No
- N. 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
- O. Total number of employees? _____
- P. Does applicant have Workers Compensation coverage in force? Yes No
- Q. Does applicant lease employees? Yes No
- R. Any special events? Yes No
- S. Any sponsored athletic teams? Yes No
If yes, please describe: _____
- T. Any other exposures for which the association is responsible? Yes No
Describe: _____
- U. Please attach any descriptive advertising literature.

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL#	PREMIUM	LOSSES RESERVED	DESCRIPTION

This application does not bond 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.

(Attach page with additional information, if needed)

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____