



Western Heritage
Insurance Company

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250
1-800-873-9442 • Fax (480) 596-7859

CONDOMINIUM OR HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION

Applicant's Name _____
Mailing Address _____
Location _____

Agent Name _____
Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
12:01 A.M., Standard Time at the address of the Applicant.

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

- A. **Years in business:** _____
- B. **Have all development and/or construction operations been completed?** Yes No
- C. **Number of units:** _____
Single family homes: _____ Townhomes: _____ Condos: _____
Rental Units: _____ Commercial Condos: _____ Time-Shares: _____
- D. **Number of stories** _____
a. Sprinkled? Yes No
b. Fire resistive? Yes No
- E. **How many swimming pools?** _____ Number of diving boards, pool slides, or diving platforms? _____
a. Any diving boards, pools slides, or diving platforms over 10ft. in height? Yes No
b. Are rules posted? Yes No
c. Are pools fenced? Yes No
d. Are gates self closing and locking? Yes No
e. Any lifeguards? Yes No

F. Number of:

Clubhouses: _____	Convenience Stores: _____	Saunas: _____
Spas: _____	Baseball parks: _____	Volleyball courts: _____
Tennis courts: _____	Basketball courts: _____	Racquetball courts: _____
Playgrounds: _____	Lakes (no. of acres): _____	Swimming allowed: _____
Ice Skating: _____	Bathing beaches: _____	Diving rafts: _____
Boat docks: _____	Boat rentals: _____	Private airports: _____
Shooting ranges: _____	Restaurants/Lounges: _____	
Dams: _____	(If applicable, complete Dam Questionnaire GLS-113)	

G. Any waterworks/sewage treatment/disposal facilities? Yes No

Describe in detail: _____

H. Is the association responsible for maintenance of the roads? Yes No

If so, how many miles of road? _____

I. How many parks? _____ **How many trails?** _____

Describe in detail: _____

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 guard 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 which the association is responsible for? Yes No

U. Please attach any descriptive or advertising literature.

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

YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

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.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

NAME AND TITLE _____

APPLICANT'S SIGNATURE _____ Date _____

Name and Phone Number of individual to contact for inspection and/or premium audit purposes _____

AGENT NAME _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written requests, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

Condominium or Homeowners Association