

**Scottsdale Insurance Company**  
 Home Office: One West Nationwide Boulevard  
 Columbus, Ohio 43215  
 Adm. Office: 18700 North Hayden Road  
 Scottsdale, Arizona 85255

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 18700 North Hayden Road  
 Scottsdale, Arizona 85255

**Scottsdale Indemnity Company**  
 Home Office: One West Nationwide Boulevard  
 Columbus, Ohio 43215  
 Adm. Office: 18700 North Hayden Road  
 Scottsdale, Arizona 85255

**CONDOMINIUM AND HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION**

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Is there any development and/or construction operations contemplated or in progress?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
2. **Is the builder or developer a member of the board of directors for the association?** .....  Yes  No
3. **How many units are in the name of or owned by the builder or developer?** .....
4. **Is association membership voluntary?** .....  Yes  No  
 If yes: How many unit owners are association members?.....  
 How many non-association units are within the boundaries of the association? .....
5. **What is the year built of the association?** .....
6. **Number of units:**  
 Condominiums—Commercial: \_\_\_\_\_ Condominiums—Residential: \_\_\_\_\_ Cooperative housing: \_\_\_\_\_  
 Single family homes: \_\_\_\_\_ Time-shares: \_\_\_\_\_ Townhomes/Townhouses: \_\_\_\_\_  
 Other (describe): \_\_\_\_\_
7. **How many of the units have not been sold?** .....
8. **How many units are rented to others (not owner occupied)?** .....  
 If units are rented to others, how many units does the Association control the rental of? .....  
 How many units are rented on a daily, weekly or monthly basis?.....
9. **For condominium associations, are there any seasonal, secondary or vacation units?** .....  Yes  No



- 10. Number of stories:**..... \_\_\_\_\_  
 Sprinklered?.....  Yes  No  
 Fire resistive? .....  Yes  No
- 11. Total number of employees:**..... \_\_\_\_\_
- 12. Does applicant lease employees?** .....  Yes  No
- 13. Does applicant use subcontractors?** .....  Yes  No  
 If yes:  
 Type of work subcontracted: \_\_\_\_\_  
 Annual subcontract cost: \_\_\_\_\_  
 Are Certificates of Insurance naming insured as additional insured obtained? .....  Yes  No  
 Do subcontractors provide a written contract containing a hold-harmless agreement in favor of the insured? .....  Yes  No  
 Are subcontractor limits equal to or greater than our policy limits, or a minimum \$1,000,000 each Occurrence/\$2,000,000 Aggregate? .....  Yes  No
- 14. Any prior losses due to mold?** .....  Yes  No  
 If yes, has mold been completely remediated? .....  Yes  No
- 15. Has this association had prior liability claims related to water damage in the prior three years?** .  Yes  No  
 If yes, explain and advise steps taken to mitigate future similar claims: \_\_\_\_\_  
 \_\_\_\_\_
- 16. Is this a master association, which provides group common areas for individual associations?** .  Yes  No
- 17. Is this a planned unit/community development that includes residential with commercial and/or institutional members?** .....  Yes  No
- 18. Does the association have call buttons or pull cords?** .....  Yes  No
- 19. Does the association have an airport or airstrip?**.....  Yes  No
- 20. Any waterworks/sewage treatment/disposal facilities?** .....  Yes  No  
 Describe in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 If yes, is it maintained and operated by applicant? .....  Yes  No
- 21. Any garbage dumps or landfills?**.....  Yes  No
- 22. Is the association responsible for maintenance of the roads?** .....  Yes  No  
 If yes, how many miles of road? ..... \_\_\_\_\_
- 23. Any stables?** .....  Yes  No  
 If yes, advise payroll: \_\_\_\_\_  
 Riding arenas?.....  Yes  No  
 Jumps? .....  Yes  No  
 Saddle animals for hire?.....  Yes  No

**24. Number of:**

Baseball Fields		Ice Skating	
Basketball Courts		Lakes**	_____ acres
Bathing Beaches		Parks	_____ acres
Bicycle Trails	_____ miles	Playgrounds	
Boat Docks/Slips		Racquetball Courts	
Boat Ramps		Restaurants/Lounges	
Boat Rentals (paddle, canoe and rowboats)		Saunas	
		Shooting Ranges	
Clubhouses	_____ sq ft.	Shuffleboard Courts	
Convenience Stores		Spas/Hot Tubs	
Dams*		Streets/Roads	_____ miles
Diving Rafts		Tennis Courts	
Dog Parks		Volleyball Courts	
Horse Trails	_____ miles		

\* If applicable, complete dam questionnaire GLS-113.

\*\* Is swimming allowed in the lakes? .....  Yes  No

If yes to Boat Rentals, are Coast Guard approved flotation devices provided for all passengers? .....  Yes  No

**25. Swimming Pool Questions**

Are there swimming, wading pools, hot tubs or spas? .....  Yes  No

If yes:

Number of pools/wading pools?..... \_\_\_\_\_

Number of hot tubs/spas? ..... \_\_\_\_\_

Describe other bodies of water: \_\_\_\_\_

Pool area fenced with self-latching gate? .....  Yes  No

Depths marked on pool? .....  Yes  No

Are rules posted and clearly visible? .....  Yes  No

Life safety equipment at poolside and/or waterfront? .....  Yes  No

Platforms or diving boards? .....  Yes  No Height: \_\_\_\_\_

Slides? .....  Yes  No Height: \_\_\_\_\_

Are swimming pools, wading pools, hot tubs and spas in compliance with all federal and/or state laws and/or regulations .....  Yes  No

Are swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? .....  Yes  No

Are there regularly scheduled maintenance and safety inspections performed by qualified maintenance and inspection personnel .....  Yes  No

Certified Lifeguards? .....  Yes  No

(1) If yes, by applicant or outside contractor? \_\_\_\_\_

If outside contractor, are certificates of insurance on file? .....  Yes  No

(2) Are lifeguards CPR certified? .....  Yes  No

Ratio of attendants to children while swimming: \_\_\_\_\_

26. **Any security guards on premises?** .....  Yes  No  
 If yes, how many? .....
- a. Does association directly employ security guards? .....  Yes  No  
 If yes: Number of unarmed guards: \_\_\_\_\_ Number of armed guards: \_\_\_\_\_
- b. Does outside security guard service provide guards? .....  Yes  No  
 If yes: Number of unarmed guards: \_\_\_\_\_ Number of armed guards: \_\_\_\_\_
- c. Are certificates of insurance required from subcontractor? .....  Yes  No
- d. Is applicant included as an additional insured on subcontractor's policy? .....  Yes  No
27. **Does applicant have Workers Compensation coverage in force?** .....  Yes  No
28. **Any special events?** .....  Yes  No  
 If yes, describe: \_\_\_\_\_
29. **Any sponsored athletic teams?** .....  Yes  No  
 If yes, describe: \_\_\_\_\_
30. **Describe any other exposures which the association is responsible for:** \_\_\_\_\_
31. **Attach any descriptive or advertising literature.**
32. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No  
 If yes, describe: \_\_\_\_\_
33. **Does applicant have other business ventures for which coverage is not requested?** .....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_

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.

**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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK 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 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.

The undersigned hereby authorizes the release of claim information from any prior insurer to the Company.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_