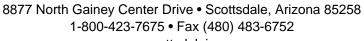


Home Office:

One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office:



www.scottsdaleins.com

Condominium Or Homeowners Association General Liability Application

Applicant's Name		Agency Name		
Mailing Address		Agent		
		Address		
Location				
		E-Mail		
Web Site Address		Phone		
PROPOSED EFFECTIVE DAT	TE: From To	12:01 A.M., Stand	dard Time at the add	ress of the Applicant
Applicant is: Individual	☐ Corporation ☐ Partnership	Joint Venture		
Limited Lia	bility Company	ify):		
LIMIT		PRI	PREMIUMS	
General Aggregate		\$	Premises/Ope	erations
Products & Completed Operations Aggregate		\$	\$	
Personal & Advertising Injury		\$	Products/Com	npleted
Each Occurrence	\$	Operations \$		
Fire Damage (any one fire)	\$	Other		
Medical Expense (any one pe	\$	\$		
Other Coverages, Restriction	s, and/or Endorsements Deductible	\$	Total \$	
A. Years in business:				
B. Have all development an	d/or construction operations b	een completed?		Yes No
C. Is association membersh	nip voluntary?			Yes No
D. Number of units	Single family homes	Townhom	nes	Condos
Rental Units	Commercial Condos	ommercial Condos Time-Sha		
If units are rented, does th	e Association control the rentals?	?		Yes No
		Sprinkled?		
	orms over one meter in height?			

	Any slides over 10 ft. in I	neight?				🔲 Ye	s 🗌 No
	re rules posted?					🗌 Ye	s 🗌 No
	Are pools fenced?						s 🗌 No
	Are gates self-closing ar	nd locking?				🗌 Ye	s 🗌 No
	Any lifeguards?					🗌 Ye	s 🗌 No
G.	Number of:						
	Baseball parks		Basketball courts		Bathing beaches		
	Boat docks		Boat ramps		Boat rentals		
	Clubhouses	/ sq ft.	Convenience Stores		*Dams		
	Diving rafts		Ice Skating		**Lakes (no. of acres	s)	
	Playgrounds		Private airports		Racquetball courts		
	Restaurants/Lounges		Saunas		Shooting ranges		
	Spas		Tennis courts		Volleyball courts		
	* (If appl	icable, complete Dan	n Questionnaire GLS-1	13)			
	** Is swin	nming allowed in the I	akes?			🗌 Ye	s 🗌 No
Η.	Does the association h	ave an airport?				🗌 Ye	s 🗌 No
l.	Any waterworks/sewag	-				🗌 Ye	s 🗌 No
	Describe in detail: If yes, is it maintained ar					 □ Ye:	s \square No
J.	If yes, is it maintained and operated by insured?						
	. Is the association responsible for maintenance of the roads?						
	If so, how many miles of road?						
L.	How many parks?	Describe in de	etail:				
	How many trails?						
M.	Any horse trails or bike	e trails?					s 🗌 No
	If yes, how many miles of	of trails? [
N.	Any stables?	Y					
	Jumps?	Y	es 🗌 No Saddle ar	nimals for h	ire?	🗌 Ye	s 🗌 No
Ο.	Is this a master associa	ation which provide	s group common area	as for indivi	idual associations?	🗌 Ye	s 🗌 No
P.	Does association inclu	de commercial and/	or institutional memb	ers?		🗌 Ye:	s 🗌 No
Q.	Any security guards on premises? Yes						s 🗌 No
	If yes, how many?	Are they arr	med or unarmed?				
	Does association directly						
	If outside security guard			ed?		∐ Ye:	₃ ∐ No
	Total number of emplo						
S.	Does applicant have W	orkers Compensation	on coverage in force?	?		🗌 Ye	s 🗌 No
Τ.	Does applicant lease e	mployees?				🔲 Ye	s 🗌 No

U. Any	/ special events?					Yes No		
-	y sponsored athletices, please describe:					Yes No		
W. A ny	other exposures w	hich the associati	on is responsible	for?		Yes No		
X. Ple	ase attach any desc	criptive or advertis	ing literature.					
Y. Doe	Does applicant have other business ventures for which coverage is not requested?							
If yes, explain and advise where insured:								
	us Insurer and Loss urrences that may g	ive rise to claims f		years		ther or not insured) See loss run attached		
YEAR	COMPANY	POLICY NUMBER	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION		
If ye	es, has mold been co	empletely remediated and the applicant nor	d?the Company to co	omplete the insu				
	CABLE IN THE STAT		·	iicy be issued.				
Any per surance formation	rson who knowingly a or statement of cla	and with intent to dim containing any naterial thereto,	efraud any insuran naterially false info commits a fraudu	rmation, or conc lent insurance a	eals for the purpo ct, which is a crim	an application for in- use of misleading, in- ne, and shall also be a such violation.		
FRAUD	WARNING							
surance formation	e or statement of cla	im containing any r act material thereto	naterially false info	rmation or conc	eals for the purpo	an application for in- se of misleading, in- e and subjects such		
NAME /	AND TITLE:							
APPLICANT'S SIGNATURE: DATE:								
AGENT	NAME:				NSE NUMBER: _			
10)4/4 1	IOENIOED AOENIT		icable to Florida A					
NAME	ICENSED AGENT: _ AND PHONE NUM :	BER OF PERSON	TO CONTACT F	OR INSPECTION		MIUM AUDIT PUR-		
1 0000								
	er, general reputatior	ng procedure, a rout	ine inquiry may be ristics and mode o	made to obtain a	applicable informat itten request, addit	tion concerning char- ional information as		

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

