



**Braishfield**  
a division of Hull & Company, LLC

## Condominium Association Supplemental Application

(Complete in addition to ACORD application)

1. Name of Association: \_\_\_\_\_  
 Fed Emp ID #: \_\_\_\_\_  
 Is this association a master association for one or more sub-associations? Yes No  
 Is this a co-operative? Yes No  
 Is there a timeshare or hotel exposure? Yes No  
 Has the insured filed for bankruptcy in the past five years? Yes No  
 Is there a developer involved? Yes No  
 Are any buildings undergoing renovations or conversions? Yes No  
 If yes, what are the total sub costs? \_\_\_\_\_
  
2. Location Address: \_\_\_\_\_
  
3. Are any buildings considered senior (55+ restrictive age covenant) or student housing? Yes No  
 Do any buildings have Federal Pacific or Zinsco electrical panels/breakers, or Stab Lok circuit breakers? Yes No  
 Number of Units in Complex: \_\_\_\_\_  
 Number of Buildings in Complex: \_\_\_\_\_  
 Number of Floors in Buildings: \_\_\_\_\_  
 Do all balconies and open stairwells have guard rails with a separation of 6 inches or less? Yes No
  
4. Are the units all owner occupied? Yes No  
 If no, please answer the following:  
 What percentage of the units are vacant? \_\_\_\_\_ %  
 What percentage of the units are rentals? \_\_\_\_\_ %  
 Long term rentals (more than 30 days)? \_\_\_\_\_ %  
 Short term rentals (less than 30 days)? \_\_\_\_\_ %  
 Does this insured allow short term rentals or use of property for less than 30 days? Yes No  
 Who handles the rentals? The Association Unit Owner Other: \_\_\_\_\_  
 Does the association receive revenue from the rentals? Yes No  
 Are there any association owned and association rented units? Yes No  
 If yes, how many? \_\_\_\_\_
  
5. Are there any commercial occupancies? Yes No  
 If yes, please provide the following:  
 Schedule of commercial occupants: \_\_\_\_\_

Total square footage of commercial space: \_\_\_\_\_

6. What percentage of the building is sprinklered? \_\_\_\_\_ %
7. Are all units equipped with smoke alarms? Yes No  
Hard wired? Yes No  
Battery operated with a program in place for battery maintenance? Yes No  
Are common areas and hallways equipped with smoke alarms? Yes No
8. When were the buildings constructed? \_\_\_\_\_ Construction Class: \_\_\_\_\_  
If over 20 years old, please answer the following:  
What year was the roof fully replaced? \_\_\_\_\_  
Have the plumbing and electrical been updated? Yes No  
If no, does the association have a maintenance program in place? Yes No  
Please provide details on the maintenance program: \_\_\_\_\_  
\_\_\_\_\_
9. Do all buildings have copper wiring? Yes No  
If no, please provide type of wiring throughout the buildings: \_\_\_\_\_  
If aluminum wiring is present, has it been pig-tailed? Yes No
10. Does the association have a swimming pool or spa? Yes No  
Number of pools: \_\_\_\_\_ Number of spas: \_\_\_\_\_  
Is the pool fenced with a self-closing, self-latching gate with no direct access from any units? Yes No  
Is there a diving board or slide? Yes No  
Is there a lifeguard? Yes No
11. Is the community gated? Yes No  
Is there a security guard on the premises? Yes No  
If yes, is the guard armed? Yes No  
Are the guards direct employees of the association? Yes No
12. Are certificates of insurance required from all sub-contractors and service providers? Yes No  
If yes, do they require equal limits of liability? Yes No
13. Are there any signed contracts for services of any kind from a law enforcement agency (police or sheriff) or municipality? Yes No

**Are any of the following on the premises?**

Ball Diamonds, Basketball, Tennis or other Sports Courts # of Courts: \_\_\_\_\_

Boat Docks/Slips		# of Docks/Slips:	_____
Boat Storage		Gross Sales: \$	_____
Club House		Square Footage:	_____
Golf Carts (rented by association)		Gross Sales: \$	_____
Lakes		# of Acres:	_____
Laundry Self-Service		Gross Sales: \$	_____
Paddle Boats		# of Boats:	_____
Parks		# of Acres:	_____
Playgrounds	# of Playgrounds: _____	# of Items:	_____
Parking Garages		Square Footage:	_____
Restaurants	Food Gross Sales: \$ _____	Liquor Gross Sales: \$	_____
Saunas		# of Saunas:	_____
Wastewater/Sewage Treatment Facilities		# of Facilities:	_____
Streets/Roads		# of Miles:	_____
Vacant Land		# of Acres:	_____
All others not listed:	_____		

**Non-Owned & Hired Automobile**

1. Do any employees regularly use their automobiles in your business? Yes No  
 Do you (as an employer) require employees to maintain adequate limits of liability of at least \$100,000/\$300,000 B.I., \$100,000 P.D. or a CSL of \$400,000? Yes No
2. Explain the type of controls you maintain: \_\_\_\_\_  
 \_\_\_\_\_
3. # of Employees: \_\_\_\_\_
4. Any losses? Yes No  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_
5. Is there any valet parking exposure? Yes No

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Applicant Signature: \_\_\_\_\_