



Braishfield
a division of Hull & Company, LLC

Homeowners Association Supplemental Application

(Complete in addition to ACORD application)

1. Name of Association: _____
 Fed Emp ID #: _____
 Is this a single family home community? Yes No
 Is this association a master association for one or more sub-associations? Yes No

****If this is not a single family home community or a master association, please complete the Condominium Association Supplemental Application****

- 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 Homes in Community: _____

4. Are the homes all owner occupied? Yes No
 If no, please answer the following:
 What percentage of the homes are vacant? _____ %
 What percentage of the homes 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 homes? Yes No
 If yes, how many? _____

5. Are all common areas equipped with smoke alarms? Yes No

Hard wired?	Yes	No
Battery operated with a program in place for battery maintenance?	Yes	No

6. When were the common area 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: _____

7. Do all common area buildings (club house/pool house, etc.)
 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

8. 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

9. 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

10. 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

11. 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: _____