



A Risk Purchasing Group

Application for Insurance & Membership  
**General Broker And Insured Information**

**Agency Information**

<b>Agency Name:</b>		<b>Email:</b>	
<b>Agency Address:</b>		<b>Phone:</b>	
		<b>Contact:</b>	

**Insured Information**

Insured 1 of 1

<b>Insured Name:</b>	
<b>Management Company Name:</b>	
<b>Management Co. Mailing Address:</b>	

**Proposed Effective Date:**

**Expiring Umbrella Information**

<b>Carrier(s):</b>		<b>Limit:</b>	
<b>Is Incumbent/Expiring Carrier Offering Renewal?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Location Information**

<p><b>Address:</b></p> <p><b>Number of Stories:</b></p> <p><b>Total Commercial Sq. Ft.:</b> (If any, please provide tenants list)</p> <p><b>Is there garage parking on the premises?</b></p> <p><b>Is there a detached garage?</b></p> <p><b>Is public parking other than residents and guests allowed?</b></p> <p><b>If yes, managed by third party?</b>  or self managed?</p> <p><b>If managed by a third party, total square footage?</b></p> <p><b>Occupancies:</b></p> <p>Residential Condo: ____</p> <p>HOA: ____</p> <p>Residential Planned Unit Development: ____</p> <p>Warehouse (LRO): ____</p> <p>Mercantile: ____</p> <p>Townhouse: ____</p> <p>Master Association: ____</p> <p><b>Type of Construction:</b></p> <p><b>Number of Units in the course of construction:</b></p> <p><b>Number of Employees:</b></p> <p><b>Total number of Residential Units:</b></p>	<p>Commercial Condo: ____</p> <p>Co-op: ____</p> <p>Commercial Planned Unit Development: ____</p> <p>Shopping Center (LRO): ____</p> <p>Timeshare: ____</p> <p>Office: ____</p>
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## Underwriting Information

1. Does the Insured have any contracting, construction, builders' risk, wrap-up and/or developer operations/exposures?	[ ] Yes [ ] No
2. Are <b>ANY</b> buildings less than 50% sold or occupied?	[ ] Yes [ ] No
3. Are <b>ANY</b> of the habitational locations government subsidized, low income, affordable, student, nursing/assisted living, senior housing, boarding/rooming houses, or single room occupancies?	[ ] Yes [ ] No
4. Are there any short-term rental units?	[ ] Yes [ ] No
1) Number of short-term rental units:	_____
5. Are there any beach front activities offered by the Applicant/Association and/or a contracted third party (scuba, parasailing, etc.)?	[ ] Yes [ ] No
<b>6. Does the Insured require that all vendors, suppliers and contractors:</b>	
1) Hold harmless and indemnity the Insured?	[ ] Yes [ ] No
2) Maintain General Liability Limit of Liability of a minimum of \$1,000,000?	[ ] Yes [ ] No
3) Provide Certificates of Insurance adding the property owner as an Additional Insured?	[ ] Yes [ ] No
4) Does the Insured maintain Certificates of Insurance from vendors, suppliers and contractors and update them annually upon their expiration?	[ ] Yes [ ] No
7. Are background checks (including criminal and reference checks) performed on each prospective employee?	[ ] Yes [ ] No
8. Are any locations enclosed malls, Hospitals or Medical Centers/Clinics?	[ ] Yes [ ] No
9. Are any locations occupied by Daycare or Childcare facilities?	[ ] Yes [ ] No
10. Have all locations more than 20 years old had plumbing, roof and electrical systems upgraded or replaced?	[ ] Yes [ ] No
11. Does the Insured employ or contract Armed Security Guards?	[ ] Yes [ ] No
12. Does the Insured operate, own or lease any fueling operation?	[ ] Yes [ ] No
13. Are any "special events" (i.e. Flea Markets, Fairs, etc.) planned or otherwise permitted at any locations	[ ] Yes [ ] No
14. Do any locations contain Restaurants, Bars, nightclub, comedy club or live entertainment?	[ ] Yes [ ] No
15. Any mobile home, trailer or RV parks?	[ ] Yes [ ] No
16. Any locations with explosives, fireworks or storage of hazardous materials?	[ ] Yes [ ] No
17. <b>Are there any General Liability losses over \$50,000 reserved or paid in the last three years?</b>	_____

## Additional Underwriting Information Vacant

Land - Applicable?  Yes  No

1. Number of acres:	
2. Are there any plans to develop the property during the policy term?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there any present use of the property whatsoever above and beyond raw land existing in its natural state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the land ever rented or leased to third parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has there ever been or is there presently or planned permissible uses of the vacant land by third parties, such as Hunting, Horseback Riding, Pedal or Motorized vehicles or other activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Condo/Co-Op/HOA/PUD D&O Exposure

1. Has the Association been in business for less than one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the developer on the Board of Directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the underlying D&O coverage written on a claims made basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there any Directors and Officers Liability losses with over \$50,000 reserved or paid in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Swimming Pools - Applicable? Yes No

1. Number of swimming pools:	_____
2. Any spas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are swimming pools and spa chemical levels and temperature sensors maintained regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there controlled access to <b>all</b> swimming pools?	
5. Are <b>all</b> swimming pools fenced with self-locking gates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. For indoor swimming pools, is there a locking door with key card or doorman?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. For <b>all</b> pools, are the means of egress and ingress in good working order and are they maintained on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are <b>all</b> swimming pools clearly marked with hours of operations, rules, depth markers and swim at your risk signs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there life saving equipment at <b>all</b> swimming pools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are there lifeguards on duty at <b>any</b> pools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do <b>any</b> swimming pools have diving boards/water slides?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do <b>all</b> swimming pools meet all applicable codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Any swimming pools open to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Check If Any:

Boat Slip:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Boat Slips:		Tennis Court:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Playground:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Basketball Courts:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Tennis Courts:	
Horseback Riding:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Basketball Courts:		Clubhouse / Community Room:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exercise/Weight Rm:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Golf Course:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comm. Room Sq. Ft.	
		# Golf Courses:		Volleyball Courts:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Exercise Room Sq. Ft.		# Volleyball Courts:	

1. Are the above areas supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Hold Harmless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Any Ponds/Lakes/Rivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Any recreational facilities open to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Fire/Life Safety Information

1. Do <b>ALL</b> buildings have two means of egress?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. For buildings over 4 stories - Are there two clearly marked means of egress on each floor leading to a fire tower?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are <b>ALL</b> applicable State, City, Town, etc. building and facility codes met for <b>ALL</b> locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there <b>ANY</b> outstanding fire code violations at <b>ANY</b> location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are any of the insured locations in ISO Public Protection Class 8, 9 or 10?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Sprinklers	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Percentage Sprinklered	
<b>8. Type of Smoke Detectors</b>	
1) Hard Wired Smoke Detectors in all Units and all common rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Hard Wired Smoke Detectors in all areas (for all non-habitational locations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Battery Operated Smoke Detectors in all Units and all common rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Building management has distributed and posted fire safety information to all residents	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9. Type of Fire Alarm</b>	
1) Central Station with Watchman	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Central Station with no Watchman	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Local with Watchman	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Manual Pull Alarms on Each Floor with an Audible Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Annunciator Panel	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>10. Additional Devices/Info</b>	
1) Aluminum Wiring	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Standpipes	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Illuminated Exit Signs on All Exits	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Emergency Lighting in Hallways	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Emergency Lighting in Enclosed Interior Stairwells	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) 24-Hour Doorman Security	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Elevator Recall	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Schedule of Underlying Policy Information

Coverage	Insurer	Policy Number	Limits	Premium	Policy Period
General Liability					
Automobile Liability					
Employers Liability					
Directors and Officers Liability					
Employee Benefit Liability					
Liquor Liability					
GKLL					

### Underlying Liability Policy Information

1. Does the general aggregate on the CGL policy apply on a per-location basis?	[ ] Yes [ ] No
2. Are <b>all</b> underlying carriers rated <b>A- VI</b> or better by A.M. Best?	[ ] Yes [ ] No
3. Does the underlying General Liability Policy <b>include</b> Terrorism Coverage?	[ ] Yes [ ] No
4. Does the underlying policy include \$1,000,000 in Hired/Non-Owned Auto Coverage?	[ ] Yes [ ] No

### Automobile Information

Does the Insured Own any Automobiles? [ ] Yes [ ] No

#### Indicate Number of Vehicles

Private Passenger Light Truck Medium Truck Heavy Vehicle Extra Heavy Vehicle Limousine Van (1-8 Passengers) Van (9-15 Passengers) Van (16+ Passengers) Passenger Buses Total Vehicles	
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#### Indicate Vehicle Use:

Property Maintenance Transporting Residents/Passengers Use by Corporate Officers Livery	
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Are there any Automobile Liability losses with \$50,000 reserved or paid in the last three years? [ ] Yes [ ] No

What is the minimum age of the drivers?

Have any drivers been alleged or convicted of DUI, DWI or had their licenses suspended? [ ] Yes [ ] No

**Anti - Fraud Agreement, Insurance Terms & Conditions & Agreement,  
Membership Terms & Conditions (Including Fee Disclosure) & Agreement**

The undersigned insurance broker and applicant warrant that the information and statements set forth in this application (including the supplemental applications and schedules) are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the insurer and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application, the decision of the insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the insurer and shall not stop the insurer from relying on any statement in this application in the event the policy is issued. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information concerning any material fact thereto, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

**Purpose & effect of "Application for insurance & purchasing group membership."** By signing this "Application for insurance & membership" (hereinafter "application"), applicant agrees: (1) to become a member of Harp, Inc., a Purchasing Group (hereinafter "pg"); (2) to participate in a program of insurance designed exclusively for the members of pg; (3) to accept, abide by, and be bound by the "Purchasing Group Membership Agreement" posted at [www.tcacoverage.com](http://www.tcacoverage.com); (4) to pay all premiums (including audit and additional premiums, if applicable), fees (including broker & purchasing group membership fees), and state & federal taxes & surcharges (if applicable) when due; (5) that any Additional materials or information supplied by applicant or applicant's insurance broker for this insurance (e.g. - including, but not limited to, supplementals, schedules & acord applications) become a material part of the application for insurance; (6) that this application which it signs is the basis of the contract [policy &/or "Certificate of Coverage" (hereinafter "COC")], whether or not said application is attached to the policy &/or COC; (7) that this application is a material part of the policy &/or COC, whether or not it is attached to the policy &/or COC; and, (8) that this application is considered attached to the policy &/or COC for legal purposes, whether or not it is physically or electronically attached to the policy &/or COC.

**Disclosure regarding shared limits.** Members do not share limits and each member is provided with its own policy &/or COC.

**Disclosure pursuant to federal law regarding purchasing groups [u.s.c. 15 3901, et seq.]** Pg is a "purchasing group," as defined under federal law, formed to purchase liability insurance on a group basis for its members to cover the similar or related liability exposure(s) to which the members of pg are exposed by virtue of their related, similar, or common business or service. Members do not share limits and each member is provided with its own policy &/or COC.

**To learn more.** Please visit [www.tcacoverage.com](http://www.tcacoverage.com), which contains more information about your purchasing group and purchasing groups, in general, as well as your insurance coverage, premiums, fees, taxes, the administrator's income, and your insurance broker's income.

BY SIGNING THIS APPLICATION, THE INSURED AND/OR AUTHORIZED AGENT HEREBY ACKNOWLEDGE AND UNDERSTAND THAT THE INSURANCE COMPANY(S) IS/ARE RELYING UPON THE INFORMATION PROVIDED HEREIN AS TO WHETHER OR NOT TO ISSUE A POLICY OF INSURANCE. A FALSE STATEMENT ON THIS DOCUMENT MAY RESULT IN OUR DISCLAIMING COVERAGE.

Insured or Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Harp, Inc. (Harp) a Purchasing Group formed in Delaware pursuant to the Liability Risk Retention of 1986 (as amended)(15 U.S.C. 3910 et. seq.) and Delaware Law. In connection with its risk purchasing group activities, Harp has appointed PG Administrators LLC (PG) to administer certain risk purchasing group operations of Harp and PG is paid an administration fee by for such services. Trivedi - Capacity Associates LLC (Trivedi) is the insurance agent through which PG currently purchases the insurance coverage for Harp's members and is an affiliate of PG.