

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

General Liability Application
For
Condominium or Homeowners' Association

Name of Applicant _____
 Address _____
 Inspection phone # _____ Contact person _____
 Applicant's Web Site Address _____

- Individual Corporation Partnership Joint Venture Limited Liability Company
 Other (Specify) _____

Limits of Liability Requested

General Aggregate \$ _____
 Products and Completed Operations Aggregate \$ _____
 Personal and Advertising injury \$ _____
 Each Occurrence \$ _____
 Damage to Premises Rented to you \$ _____
 Medical Expense (any one person) \$ _____
 Other Coverages, Restrictions, and/or Endorsement Deductible _____

Effective Dates Desired: From _____ To _____

- A. Years in business _____ When was construction of units completed? _____
- B. Have all development and/or construction operations been completed? Yes No
- C. Number of units _____ Single Family Homes _____ Town homes _____ Condos _____
 Rental Units _____ Commercial Condos _____ Time -Shares _____
- D. Number of stories _____ Sprinkled? Yes No Fire resistive? Yes No
- E. How many swimming pools? _____ Number of diving boards, pool slides, or diving platforms? _____
 Any diving boards, pools, slides, or diving platforms over 8 ft. in height? Yes No
 Indoor or outdoor pool (circle one) Depth of water? _____ ft.
 Are rules posted? Yes No Are pools fenced? Yes No
 Are gates self closing and locking? Yes No Lifeguards on duty when pool is open? Yes No
- F. Number of: Clubhouses _____ Convenience Stores _____ Saunas _____
 Spas _____ Baseball diamonds _____ Volleyball courts _____
 Tennis courts _____ Basketball courts _____ Racquetball courts _____
 Playgrounds _____ Lakes (no. of acres) _____ Diving rafts _____
 Ice Skating _____ Bathing beaches _____ Private airports _____
 Boat docks _____ Boat rentals _____ Restaurant/Lounges _____
 Private airports _____ Shooting Ranges _____ Vacant Land (# of acres) _____
 Jet skiing allowed _____ Other facilities/activities _____

- G. Any waterworks/sewage treatment/disposal facilities? Yes No
Describe in detail. _____
Any dams? Yes No
Describe _____
- H. Is the association responsible for maintenance of roads? Yes No
If so, how many miles of road? _____
- I. How many parks? _____ Describe in detail: _____
How many trails? _____
- J. Any horse trails or bike trails? Yes No
If yes, how many miles of trails? _____ Describe trails in detail: _____
- K. Any stables? Yes No Riding arenas Yes No
Jumps? Yes No Saddle animals for hire? Yes No
- L. Is this a master association which provides group common areas for individual associations? Yes No
- M. Does association include commercial and/or institutional members? Yes No
- N. Any security guards on premises? Yes No
If yes, how many? _____ Are they armed or unarmed?
Does association directly employ guards? Yes No
If outside security service, are certificates of insurance required? Yes No
- O. Total number of employees? _____
- P. Does applicant have Workers Compensation coverage in force? Yes No
- Q. Does applicant lease employees? Yes No
- R. Any special events? Yes No
- S. Any sponsored athletic teams? Yes No
If yes, please describe: _____
- T. Any other exposures for which the association is responsible? Yes No
Describe: _____

U. Please attach any descriptive advertising literature.

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

| YEAR | COMPANY | POL# | PREMIUM | LOSSES RESERVED | DESCRIPTION |
|------|---------|------|---------|-----------------|-------------|
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This application does not bond 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.

(Attach page with additional information, if needed)

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____