



Western Heritage Insurance Company

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250
1-800-873-9442 • Fax (480) 596-7859

CONDOMINIUM OR HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION

Applicant's Name
Mailing Address
Location

Agent Name
Address

PROPOSED EFFECTIVE DATE: From To 12:01 A.M., Standard Time at the address of the Applicant.

Applicant is: Individual Corporation Partnership Joint Venture
Limited Liability Company Other (Specify):

Table with 2 columns: LIMITS OF LIABILITY REQUESTED and PREMIUMS. Rows include General Aggregate, Products & Completed Operations Aggregate, Personal & Advertising Injury, etc.

A. Years in business:

B. Have all development and/or construction operations been completed? Yes No

C. Number of units:

Single Family Homes: Townhomes: Condos:
Rental Units: Commercial Condos: Time-Shares:

D. Fire Protection

- a. Number of stories
b. Sprinkled?
c. Fire resistive?
d. Fire detectors in each unit?
e. Carbon Monoxide detectors in each unit?

E. How many swimming pools? Number of diving boards, pool slides, or diving platforms:

- a. Any diving boards, pools slides, or diving platforms over 10 ft. in height?
b. Are rules posted?

- c. Are pools fenced?..... Yes No
- d. Are gates self-closing and locking?..... Yes No
- e. Any lifeguards?..... Yes No

Clubhouses: _____	Convenience stores: _____	Saunas: _____
Spas: _____	Baseball parks: _____	Volleyball courts: _____
Tennis courts: _____	Basketball courts: _____	Racquetball courts: _____
Playgrounds: _____	Lakes (no. of acres): _____	Swimming allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ice skating: _____	Bathing beaches: _____	Diving rafts: _____
Boat docks: _____	Boat rentals: _____	Private airports: _____
Shooting ranges: _____	Restaurants/lounges: _____	
Dams: _____	(If applicable, complete Dam Questionnaire GLS-113)	

G. **Any waterworks/sewage treatment/disposal facilities?** Yes No
 Describe in detail: _____

H. **Is the association responsible for maintenance of the roads?** Yes No
 If so, how many miles of road? _____

I. **How many parks?** _____ **How many trails?** _____
 Describe parks in detail: _____

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 guard 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 which the association is responsible for?** Yes No

U. **Please attach any descriptive or advertising literature.**

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

YEAR	COMPANY	POLICY NUMBER	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

This application does not bind 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION AND/OR PREMIUM AUDIT PURPOSES: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents only)

IOWA LICENSED AGENT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written requests, additional information as to the nature and scope of the report, if one is made, will be provided.

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