



Condominium/Cooperative Supplemental Application

Named insured	
Location address	

Complex Information

Number of buildings within the complex?	
Approximate distance between buildings?	
Is a statement of values per building included with the submission?	Yes No
Is a plot plan included with the submission?	Yes No

Building Information

Are stoves in living units gas or electric?	Gas Electric
Do the units have wood burning fireplaces or stoves?	Yes No
Do the windows or doors contain security bars?	Yes No
If yes, are they equipped with breakaway release mechanisms?	Yes No N/A
Are there any railings with greater than 6 inch openings?	Yes No
Are there railings with openings that are horizontal?	Yes No
Does the property meet all local zoning codes?	Yes No

Building Systems

Is the community heated by electric baseboard heat?	Yes No
Does any part of the complex use fuses as over-current protection?	Yes No
Does building have Federal Pacific Stab-Lok type electrical panels?	Yes No
Is aluminum wiring present?	Yes No
If yes, is it properly pig-tailed?	Yes No N/A
If yes, when was the complex retrofitted?	N/A
In what year was the roof covering last replaced?	
Is the roof wood shake?	Yes No
What type of roof cover is used? (asphalt, tile, slate, tar & gravel)	
Do the buildings have wood shake siding?	Yes No

Fire Protection

Is the building sprinklered?	Yes	No	
If yes, what percentage is covered?			N/A
If yes, does the sprinkler system contain earthquake bracing?	Yes	No	N/A
Does the building contain standpipes?	Yes	No	
Are fire extinguishers present in common areas?	Yes	No	
Is all fire protection equipment covered by a service contract for maintenance?	Yes	No	

Life Safety

Are smoke detectors battery operated or hardwired?	Battery	Hard Wired	
Is there a fire alarm?	Yes	No	
Is it centrally monitored?	Yes	No	
Is there an enunciator panel?	Yes	No	
Do all units have carbon monoxide detectors?	Yes	No	
Are exit signs illuminated?	Yes	No	
Is emergency lighting present?	Yes	No	
Are evacuation procedures posted?	Yes	No	
Do living units discharge directly to outside?	Yes	No	
If no, does the common area have two means of egress?	Yes	No	N/A

Additional Exposure

Is there any mercantile or non-residential exposure present?	Yes	No	
If yes, what is the non-residential square footage?			N/A
Description of mercantile occupancy:			
Does the non-residential area contain any high hazard exposure?	Yes	No	N/A
Does the non-residential area contain commercial cooking exposure?	Yes	No	N/A
If yes, is it properly protected with hood and duct and ansul system?	Yes	No	N/A
Is there a clubhouse/recreation room?	Yes	No	
If yes, what is the square footage?			N/A
Is there underground parking or an indoor parking garage?	Yes	No	
If yes, the approximate square footage?			N/A
Is there a pool or spa present?	Yes	No	
If yes, how many?			N/A
If yes, are depth markers clearly visible?	Yes	No	N/A
If yes, is it fenced with a self latching gate?	Yes	No	N/A
If yes, is there a diving board or slide?	Yes	No	N/A
Is there a playground?	Yes	No	
Are there any ponds, lakes or streams on the property?	Yes	No	
Are there any owned docks, marinas or boat slips?	Yes	No	
Is there any community cooking facilities?	Yes	No	
Is there a community laundry room?	Yes	No	
Is there any facility on the property which involves the care or control of children?	Yes	No	
Is there armed security?	Yes	No	
Are any transportation services provided?	Yes	No	
Is charcoal grilling permitted on balconies?	Yes	No	
Are any other amenities or recreational activity facilities present?	Yes	No	
If yes, what type?			N/A

Occupancy

Vacancy rate?	
Estimated % of units in foreclosure?	
Estimated % of units that are owner occupied?	
Is this a seasonal complex?	Yes No
Estimated % of units that are rented?	
Are rented units leased on a long term basis?	Yes No
Average length of lease for a rented unit?	
Is this a senior living complex?	Yes No
If yes, are any medical, transportation or food services provided?	Yes No N/A

Other Information

Is the complex managed by a third party management firm?	Yes No
Are subcontractors allowed to work without providing you with a COI?	Yes No
Do your subcontractors carry coverage's or limits less than yours?	Yes No
Are the streets owned and maintained by the association?	Yes No
Are any units owned by the developer?	Yes No
If yes, how many?	N/A
Are unit owners required to maintain insurance on their individual units?	Yes No
Are there any owned automotive vehicles? Please provide year, make model and usage:	Yes No
Are hold harmless agreements in the insureds favor in place for all contractors working on the insured premises and for any commercial tenants?	Yes No
Does any insured own or manage any other properties?	Yes No

Signature(s) – owner, insured, applicant

The signature below constitutes acknowledgment of information provided on this supplemental application and any other application or forms that may have been included as part of the application for insurance. This may include but is not limited to various Acord forms, a statement of values, a schedule of locations and/or a lead supplemental application.

Name		Name	
Signature		Signature	
Date		Date	

Any person who knowingly and with the intent to defraud any insurance company or another 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 the person to criminal and [NY: Substantial] civil penalties, (not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, Insurance benefits may also be denied).

Please send submissions to apps@core-programs.com