

PUD- Planned Unit Development Application

Insured:

Named Insured				
Mailing address		City	State	Zip Code
Contact name		Phone		
Agency Name		Agency contact		
Agency contact email		Agency contact phone		
# of years in business		# of years managed by current management co.		

Policy Details

Proposed Effective Date:	
Expiring Premium:	Expiring Carrier:
Target Premium:	

Premises Details:

Location Address			
Association Type: Planned Unit Development (PUD) Homeowners Association Commercial PUD			
Residential Type: Single Family Townhouse Master			
Commercial Description: Business Park Light Industrial Offices			
Clubhouse Square Footage: Building Value: Contents: # of Stories: Year Built: % of Sprinklered: Alarm System: Building Construction:		Common Building Square Footage: Building Value: Contents: # of Stories: Year Built: % of Sprinklered: Alarm System: Building Construction:	
Other property statement of values			
Exposure	Limit	Exposure	Limit
Fences	\$	Trees/Shrubs	\$
Signs	\$	Dog Park	\$
Pools	\$	Cabana	\$
Spas	\$	Gates	\$
Streets /Sidewalks	\$	Pool Furniture	\$
Sprinkler system	\$	Mailboxes	\$
Playgrounds	\$	Tennis courts	\$
Lights/Poles	\$	Other	\$
Property Deductible: \$1,000 \$2,500 \$5,000 \$10,000			

Optional Property Coverage's:

Equipment Breakdown: Yes No
 Business Income: Yes No If yes, what limit? \$
 Building Ordinance or Law –
 Coverage B Limit \$ Coverage C Limit \$ B & C Combined Limit \$
 Flood (if acceptable zone): Yes No If yes, what limit? \$
 Earthquake: (if acceptable zone): Yes No If yes, what limit? \$

General Liability**Common Ground**

Acres of Green: Acres of open space: Miles of maintained trails/streets:

Residential Condominium # of buildings: # of units:	Commercial Condominium # of buildings: # of tenants:
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Are common building leased to outside organizations: Yes No

Recreational vehicle storage on premises: Yes No

Are subcontractors used: Yes No
 If yes, are certificates of insurance obtained: Yes No
 Is the association named as additional insured: Yes No
 Minimum of \$ 1M/\$2M GL carried by subcontractors: Yes No

Childcare/daycare facilities on premises: Yes No

Is there a fitness center on premises: Yes No
 If yes, square footage:
 Are waiver of liability forms required: Yes No

Are special events conducted on premises (parties, concerts, etc.): Yes No
 If yes, attach list of events.

Does insured sponsor any off premises events: Yes No

Commercial parking lot maintained by: Owner Association
 If maintained by the Association what is square footage:

Playground: Yes No
 If yes, how many? Landing Surface: Equipment type:

Pool/Spa N/A # of outdoor pools: # of indoor pools: # of spas:
 Outdoor pool(s) fully fenced with self latching gate: Yes No
 Is spa in fenced pool area: Yes No
 Does association sponsor a swim team: Yes No

Lakes/Ponds/Beaches N/A # of lakes: # of ponds: # of beaches:
 Lake/pond size:
 Lake/pond depth:
 Watercraft and/or recreational activities permitted: Yes No
 Activity Type(s):
 Is lake/ pond fully fenced: Yes No
 Signs posted: Yes No
 Does public have access to lake/pond? Yes No
 Do houses surround lake/pond? Yes No
 Boat rentals: Yes No Types Rented:

Guards: N/A Guards employed or contracted?
 If contracted, has the firm been in business for more than 5 years? Yes No

Hired Non Owned Auto required: Yes No

Crime Coverage		
Coverage	Limit	Deductible
Employee Dishonesty	\$	\$
Forgery or alteration	\$	\$
Inside the premises	\$	\$
Outside the premises	\$	\$
Computer fraud	\$	\$
Money orders & counterfeit paper currency	\$	\$
# of officers/directors and employees:		
Is the association claims free for last 5 years?		
Are dues/fees/mortgage payments always received as checks and not cash?		
Are countersignatures required on all signatures over \$500?		
Are persons authorized to hire/fire association employees prohibited from distributing payroll?		
Are the association's bank accounts and credit card statements reconciled monthly by someone not authorized to deposit, withdraw, initiate electronic funds, transfer or use an association's credit card?		
If no, explain:		
Annual audit by independent C.P.A?		
Are mechanically affixed signatures used?		

Umbrella Liability (coverage offered outside package)

Quote Not Applicable

Umbrella Limit: \$
Retention: \$
Effective Date:
Any incurred losses in excess of \$ 100,000 under any primary liability policy in the past 5 years? Yes No
Underlying Carrier information will be based off of our package quote with regard to this insured.

Notice to Applicants

Any person who knowingly and with 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 civil penalties.

APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT For your protection, California law requires that you be made aware of the following: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO – COLORADO FRAUD STATEMENT – It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purposes of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds all be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN OREGON – OREGON FRAUD STATEMENT Any person who knowingly and with 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 may be a crime.

APPLICABLE IN WASHINGTON – WASHINGTON FRAUD STATEMENT It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Signature: _____ **Date:** _____
(Insured/Owner)

