



1. Number of Units:	May be used for rating in the future.
2. Does the applicant have any of the following operations (please describe below): <input type="checkbox"/> Health/Beauty Spa <input type="checkbox"/> Skiing <input type="checkbox"/> Marina/Dock <input type="checkbox"/> Watercraft / Jet Ski <input type="checkbox"/> Equestrian <input type="checkbox"/> Snowmobiling <input type="checkbox"/> Hunting <input type="checkbox"/> Shooting Skeet/Trap <input type="checkbox"/> Tanning Beds <input type="checkbox"/> Private Beach <input type="checkbox"/> Golf Course <input type="checkbox"/> Lakes or Rivers	Must be referred if the applicant has any of these operations.
3. Does the applicant have any childcare services or other operations in which the applicant or someone acting on behalf of the applicant has custody of minors?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Are any of the applicant's facilities or activities available to the general public? (Other than guests of residents)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Does the applicant have any bridges or dams on its property?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Does the applicant have any armed security guards or guard dogs?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
7. Does the applicant have any ongoing or planned construction operations? (Other than routine maintenance)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8. Does the applicant provide transportation to others directly or by sub-contract? (Example: shuttles for residents)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
9. Are any units rented or leased to others by or on behalf of the applicant?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
10. Does the applicant require certificates of insurance naming the applicant as an additional insured from all 3 rd parties working on the applicant's premises or providing services or products to the applicant? (examples: landscaping, life guards, trash pickup, snow plowing, security)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SWIMMING POOLS	
11. Number of Pools:	May be used for rating in the future.
12. Are all pools fenced with self-latching gates which are locked when not open?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
13. Do any of the pools have diving boards or slides?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DIRECTORS AND OFFICERS LIABILITY <i>(Mandatory referral to the UW if Excess D&O is requested)</i>	
14. Is the applicant a not-for-profit association with its sole operation being the management of the common property of a group of homeowners or similar residences?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
15. Does the applicant association have a positive fund balance?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
16. Has control of the board of directors been transferred from the developer?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
17. Does any person insured under the D&O policy as a director, officer or employee of the association have a financial interest in or work for the company contracted to manage the association's operations?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. Does the underlying D&O policy have a claims made trigger of coverage?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

