



1. Number of Units:	
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	
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 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 type="checkbox"/> NO
5. Does the applicant have any bridges or dams on its property?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Does the applicant have any armed security guards or guard dogs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Does the applicant have any ongoing or planned construction operations? (Other than routine maintenance)	<input type="checkbox"/> YES <input 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 type="checkbox"/> NO
9. Are any units rented or leased to others by or on behalf of the applicant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Does the applicant require certificates of insurance naming the applicant as an additional insured from all 3 <sup>rd</sup> 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 type="checkbox"/> YES <input type="checkbox"/> NO
<b>SWIMMING POOLS</b>	
11. Number of Pools:	
12. Are all pools fenced with self-latching gates which are locked when not open?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Do any of the pools have diving boards or slides?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DIRECTORS AND OFFICERS LIABILITY (Complete below if requesting Excess D&amp;O)</b>	
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 type="checkbox"/> YES <input type="checkbox"/> NO
15. Does the applicant association have a positive fund balance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Has control of the board of directors been transferred from the developer?	<input 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 type="checkbox"/> NO
18. Does the underlying D&O policy have a claims made trigger of coverage?	<input type="checkbox"/> YES <input type="checkbox"/> NO



**ACE Express Umbrella<sup>SM</sup>**  
**Homeowners Association**  
**Supplemental Application**

19. Does the underlying D&O policy provide Employment Practices Liability coverage?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Does the underlying D&O policy provide defense costs in addition to the limits?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Who is the underlying D&O carrier? <i>(Please provide a copy of the underlying quotation and policy forms.)</i>	
22. In the past 5 years, has a claim been made, or is claim now pending against, the applicant or any person in their capacity as a director, officer, trustee, volunteer or employee of the applicant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. Do any persons or organizations to be insured under this policy know of any wrongful act or fact, circumstance or situation which could result in a claim under this insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Remarks (Attach additional remarks, if more space is required):	

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