

**GENERAL INSURANCE SERVICES, INC.
CONDOMINIUM ASSOCIATION QUESTIONNAIRE**



APPLICANT INFORMATION SECTION

APPLICANT NAME:				EXPIRATION DATE OF CURRENT POLICY:			
LEGAL NAME:				ENTITY TYPE:			
CONTACT NAME:				PHONE:		FAX:	
MAILING ADDRESS:				MOBILE:		HOME:	
CITY:		STATE:		ZIP:		EMAIL:	
LOCATION ADDRESS:				FEDERAL ID OR SOC. SEC #:			
CITY:		STATE:		ZIP:		CURRENT CARRIER(S):	
COUNTY:							

BUILDING INFORMATION SECTION

#	#UNITS	STORIES	BUILDING LIMIT	CONTENTS LIMIT	BUSINESS INCOME LIMIT	CONSTRUCTION TYPE	SQ. FT.	YEAR BUILT
1					ACTUAL LOSS			
T	0		\$0	\$0	\$0		0	
DEDUCTIBLES:						Total Value:	\$0	
COINSURANCE:						Cause of Loss Form:	Special	
VALUATION:			Replacement Cost	Replacement Cost				

EXPOSURE SECTION

TOTAL NUMBER OF UNITS:	
TOTAL ANNUAL ASSOC. FEES:	
OTHER:	

GENERAL LIABILITY SECTION

GENERAL AGG:	\$2,000,000	PROD. & COMP OPPS:	\$2,000,000	LEGAL LIABILITY:	\$100,000
EACH OCCUR:	\$1,000,000	PERS. & ADV INJURY:	\$1,000,000	MEDICAL EXPENSE:	\$10,000
HIRED AUTO COVERAGE:	\$1,000,000	NON-OWNED AUTO:	\$1,000,000	GEN. LIAB. DEDUCTIBLE:	NIL

UNDERWRITING SECTION

IS THERE A FIRE SPRINKLER SYSTEM?		LOCATED WITHIN 500 FT OF BODY OF WATER?	
ARE THERE ANY KNOWN CONSTRUCTION DEFECTS?		LAKE, STREAM, OR POND ON PREMISES?	
ANY OCCUPANCIES OTHER THAN HABITATIONAL?		WOOD SHAKE ROOFS ON PREMISES?	
IF YES DESCRIBE:		IF YES WHAT PERCENTAGE?	
IF YES SQ. FOOTAGE:		DO STAIRWELLS HAVE SELF CLOSING DOORS?	
ARE SMOKE DETECTORS IS ALL LIVING UNITS, HALLWAYS, STAIRWAYS, AND COMMON AREAS?		DO STAIRWELLS HAVE EMERGENCY LIGHTING?	
IF YES, HARD WIRED OR BATTERY?		IS THERE A RESIDENT OR ON-SITE MANGER?	
IF BATTERY, IS MAINTENANCE LOG KEPT?		RESPONSIBLE FOR ANY PUBLIC ROADS?	
ARE PREMISES FENCED AND IS ACCESS RESTRICTED?		ANY SECURITY SERVICE PROVIDED?	
ARE THERE RAILINGS ON BALCONIES OR WALKWAYS?		ANY BUILDINGS HAVE HEATING BOILERS?	
IF YES, ARE SLATS 6 INCHES OR LESS APART?		IS SNOW AND ICE REMOVAL CONTRACTED?	
ARE THERE HORIZONTAL SLATS ON THE PREMISES?		OUTSIDE STEPS ON 2ND FLOOR OR HIGHER?	
BACKGROUND CHECKS REQUIRED ON NEW EMPLOYEES		IF YES, ARE THEY COVERED?	
TENANTS REQUIRED TO CARRY PERSONAL INSURANCE?		FIRE EXTINGUISHERS PRESENT ON EACH FLOOR?	
IS THERE ANY ALUMINUM WIRING?		IF YES, ARE THEY INSPECTED ANNUALLY?	
IS THERE ANY ASBESTOS IN ANY BUIDINGS?		COMPLAINT AND REPAIR LOGS MAINTAINED?	
INVOLVED IN ANY LITIGATION REGARDING THE CONSTRUCTION, MAINTENANCE, OR SERVICE OF PREMISES?			
IF YES, DESCRIBE:			

RECREATION SECTION

IS THERE A SWIMMING POOL?		CHILDREN'S PLAYGROUND ON PREMISES?	
IS THERE A DIVING BOARD OR SLIDE?		IF YES, DESCRIBE	
IS POOL COMPLETELY FENCED OR INDOORS?			
IS THERE A SELF-CLOSING GATE OR DOOR?			
ARE DEPTH MARKINGS ON POOL?			
ARE RULES POSTED?		EXERCISE FACILITIES ON THE PREMISES?	
IS THERE ADEQUATE LIFE SAVING EQUIPMENT?		IF YES, DESCRIBE	
IS POOL OPEN TO HOTEL GUESTS ONLY?			
POOL CHEMICALS CHECKED REGULARLY?			
IS THERE A JACUZZI?			

WORKERS COMPENSATION SECTION

<input type="checkbox"/> CHECK HERE IF WORKERS COMPENSATION IS INCLUDED		EMPLOYERS LIABILITY:	1,000,000/1,000,000/1,000,000	
CLASS	ANNUAL PAYROLL	CURRENT CARRIER		
MAINTENANCE EMPLOYEES		EXPERIENCE MOD		
CLERICAL EMPLOYEES		# OF FULL-TIME EMPLOYEES		
RESTAURANT EMPLOYEES		# OF PART-TIME EMPLOYEES		

UMBRELLA COVERAGE

<input checked="" type="checkbox"/> CHECK HERE IF UMBRELLA COVERAGE INCLUDED	UMBRELLA LIMIT:		SIR	
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CRIME COVERAGE

MONEY INSIDE LIMIT:		MONEY OUTSIDE LIMIT:		EMPLOYEE DISHONESTY:	
DEDUCTIBLE:		DEDUCTIBLE:		DEDUCTIBLE:	

OTHER COVERAGES

COVERAGE	<input type="checkbox"/> EQUIPMENT BREAKDOWN	<input type="checkbox"/> DIRECTOR'S AND OFFICER'S	<input type="checkbox"/> FLOOD	<input type="checkbox"/> EARTHQUAKE	<input type="checkbox"/> BUSINESS AUTO
LIMIT:					
DEDUCTIBLE:					

PRIOR LOSS EXPERIENCE

LIST ALL LOSSES IN THE LAST 3 YEARS		<input type="checkbox"/> CHECK IF NO LOSSES IN 3 YEARS
DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID

ADDITIONAL INTEREST SECTION

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> 2ND MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED

REMARKS

SIGNATURE

APPLICANT SIGNATURE	X	DATE	AGENT SIGNATURE	DATE
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