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**GENERAL CASUALTY
 CONDO/HOA SUPPLEMENTAL APPLICATION**

Applicant Name: _____ Location Address: _____
 Mailing Address: _____

GENERAL INFORMATION

1. Year Built: _____ Construction: _____ # Stories: _____
2. Total Number of Units: Single Family Homes: _____ Townhomes: _____ Condos: _____
3. Percentage of owner occupied units? _____ Number of Time Shares: _____
4. How many units are used as short term (less than 1 year) rental properties: _____
5. How many units are used as long term (1 year or more) rental properties: _____
6. If any units are non-owner occupied, does the assoc. use a standard lease agreement requiring the tenant to obtain liability insurance and name the association as add'l insured? No Yes
7. Does the Association require each Unit Owner to purchase Liability Insurance? No Yes
8. Year Updated: _____
 Heating: _____ Roof: _____ Plumbing: _____ Wiring: _____ Parking areas: _____
9. Wiring: Copper Aluminum Pig-Tailed
10. Manager on premises? No Yes
11. Have all development and/or construction operations been completed? No Yes
12. Are the condos currently in the process of being converted from apartments? No Yes
13. Is this a master assoc. which provides common areas for individual associations? No Yes
14. Any space that's rented to other businesses? No Yes
 If "Yes," attach a lessor's risk supplemental application.
15. Is there a snack bar/restaurant/bar operated by the association? No Yes
 If "Yes," attach a restaurant supplemental application.

FIRE/SAFETY INFORMATION

16. Sprinklered? No Yes
 _____% Sprinklered
17. Smoke detectors in each unit? No Yes
 Hard-wire Battery
 How often checked? _____
18. Fire Extinguishers in each unit? No Yes
19. Central Station alarms? No Yes
20. Is there an elevator? No Yes
 # of elevators: _____
 If "Yes," is there an elevator maintenance agreement in effect naming association as additional insured with hold harmless? No Yes

SECURITY

21. Is security provided? No Yes
 If "Yes," what type? Patrol Gated Access
22. If there are security guards present, please answer the following questions:
 Are the guards: Armed Unarmed
 Are the guards: Employees Independent Contractors Off duty police
23. If independent contractors:
 a. Certificates of Insurance obtained? No Yes
 b. Applicant named add'l insured with hold harmless on security's policy? No Yes

MAINTENANCE

24. Is building maintenance, landscaping, or snow removal performed by: Employees Subcontractors
25. If an outside contractor: Certificates of Insurance are obtained
 Applicant is named add'l insured w/hold harmless on sub's policy
26. Who performs the upkeep of sidewalks, driveways, and parking areas? _____
27. Is the association responsible for maintenance of roads? No Yes
 If "Yes," # of miles: ____

SWIMMING POOL INFORMATION

Check here if not applicable

28. number of pools: _____
29. Is there a diving board or slide? No Yes
30. Is the pool area fenced on all sides? No Yes
 If "No," explain: _____
31. Self-closing gates? No Yes
32. Livesaving equipment in place? No Yes
33. Rules posted? No Yes
34. Lifeguards? No Yes
 If "Yes," are lifeguards: Employees Subcontractors
35. If subs, are COI obtained? No Yes
36. Does association sponsor a swim team? No Yes

OTHER RECREATIONAL EXPOSURES

37. Any of the following? Please describe all yes answers in detail below.

Baseball Fields	Yes No	Clubhouse	Yes No	Bathing Beaches	Yes No
Tennis/Basketball	Yes No	Fitness Center	Yes No	Jogging Trails	Yes No
Playground	Yes No	Hot Tubs #:	Yes No	Golf/Driving Range	Yes No
Volleyball Courts	Yes No	Lakes/Ponds	Yes No	Boat Docks/Slips	Yes No
Sauna/Spa	Yes No	Tanning Beds #:	Yes No	Other:	Yes No

If "Yes," to any of the above, please describe: _____

38. If there is a clubhouse, square footage? _____ What is it used for? _____
39. If there is a lake, is boating, swimming, or fishing allowed? No Yes

OTHER SERVICES

40. Valet parking provided to residents? No Yes
41. Any transportation provided to residents? No Yes
42. Any waterworks/sewage treatment facilities? No Yes
43. Is there a concierge service? No Yes
 If "Yes," are the services: just arranged for, OR actually provided by employees?
44. If the services are actually provided by the applicant's employees, please describe _____
45. Any other services not listed here? No Yes
 If "Yes," please describe _____

* Any person who knowingly and with intent to defraud any insurance company or other 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Applicant Signature _____
 Producer _____

Date _____
 Date _____