

**Houston P**: (281) 759-4855 **F**: (281) 759-7245

			General Agent Nam	Name			
				Phone:			
				Date:			
Insured:	Location:						
GENERAL IN	IFORMATION						
	Single Family Home Ur	nits:		Condomin	ium Units:		
	Townhouse Units:		Stor		es, submit):		
Year Built:				`	,		
Updates perfo	ormed? Heating:	_ Electrical	:	Pluml	oing:	Roof:	
	(s) sprinklered				•		
	tion cater to Senior/Elde						
	ny tenant occupied units						
	ever been canceled or n		past three	years?		yes	no
Is the Association responsible for maintenance of the roads?						yes	
	any miles of road?				_	, _	
SECURITY	<u> </u>						
Does Association directly employ security guards? (If armed, submit)						yes	no
If outside security guard service, are certificates of insurance required?						yes	
Does Association have valet parking? (If yes, submit)						yes	
	NAL FACILITIES	(11 ) 00, 00011111,			_	,	
	r swimming pools, lak	es nonds or he	ach expos	RIIPES			
Pools:	Number of pools:	•	-		ced from all units?	VAS	no
1 0013.	Self-locking gates?				th markers?		
	Are rules posted?				quipment in place?		
	Is there a lifeguard?	yesno				yes _	110
	_						
	Have a diving board?	yesno		_			
	Have a sliding board?	yesno	•		omit)		
Lakes/Ponds:	# of lakes/ponds:		Numbe	r of acres:			
	Max depth of water: Is the lake or pond fenced?				enced?	yes _	no
	Is fishing allowed?	yesno	Is swim	ming allowe	d?	yes _	no
	Watercraft rental?	yesno	# and	type		yes _	no
Are rules post	ed at the pool and lake/p	ond concerning s	swimming a	at your own r	isk?	yes	no
Does Association sponsor swim and/or dive team? (If yes, submit)						yes _	no
	creation involving pools,						
Additional E	vnocuroc:						
Additional Ex	ground equipment(i.e. fe	nood installed no	ronooo o	andition ata	١.		
Describe play	ground equipment(i.e. re	niceu, installeu pe	i specs., c		•		
Describe any	exercise facilities(i.e. typ	es of equipment 8	& safety red				
				<u> </u>			
Number of:	volleyball courts:	tennis co	urts:		basketball court	s:	
	baseball parks: shuffleboard courts:						
						niles):	
Describe all re							
Receipts for:	ental equipment: Convenience Store:	\$	Restaui	rant: \$			
	tify that all informatio						
-	-			-	_		
Applicant Sign	nature:				Date:		
Producer:					Date:		