



NEW CONDOMINIUM APPLICATION Originally, built as condo in last 15 years, year round residential only occupancy, no owned auto and limited amenities (i.e. no lake)

Name Insured:
C/O (if applicable):
Effective Date:
Website Address: www.

SUBMISSION REQUIREMENTS

- Color Photos (representative buildings and auxiliary buildings)
• 4 year currently-valued company loss runs (5 years of company loss runs for accounts over \$100,000)
• Plot Plan
• Statement of Values (including auxiliary buildings and specific street addresses)

SECTION I - ACCOUNT INFORMATION

Mailing Address:
Physical Location Address:
Contact Person: Position:
Email Address: Phone Number: Fax Number:
Billing Contact Person: Phone Number:
FEIN Number:
Effective Date: Is this account being quoted mid-term? Yes No
# of Residential Buildings: Planned: # of stories:
# of Residential Units: Planned:
Year Built:
Risk Management Contact: Cell Phone: Email:

SECTION II - RATING INFORMATION

Property

Building Limit (Attach SOV): \$
Deductible: \$2,500 \$5,000 \$10,000 Other: \$
Coinsurance/Coverage: 80% 90% 100% Blanket Agreed Amount
Valuation Type: A/C/V Replacement Cost (RC) Extended RC Guaranteed RC
Business Personal Property: \$
Deductible: \$2,500 \$5,000 \$10,000 Other:
Maintenance Fees: \$ Rents: \$ Other Business Income: \$
Condo Insuring Agreement:
Bare Walls Single Entity (Original Specs) All In (copy of insurance section of doc required)
Building Ordinance - Increased Cost of Construction \$ (indicate if limit over \$300,000 is desired)
Building Ordinance - Demolition Cost \$ (indicate if limit over \$300,000 is desired)
Exclude Wind? Yes Where is wind being placed or quoted? Wind Deductible:\$
Earthquake: Limit \$ \$ Deductible: \$ % Deductible: %
Flood: Flood Zone: Limit \$ \$ Deductible: \$ % Deductible: %
Boiler Coverage desired? Yes No Central Boiler? Yes No

Crime

Employee Dishonesty: \$ Include Board of Directors Include property Manger
Depositors Forgery: \$
Computer Fraud: \$
Money and Securities: \$ In \$ Out

**General Liability**

|                              |                           |                           |                             |
|------------------------------|---------------------------|---------------------------|-----------------------------|
| Desired Limits:              | \$1,000,000 / \$2,000,000 | \$1,000,000 / \$3,000,000 | \$2,000,000 / \$4,000,000   |
| <b><u>Classification</u></b> |                           | <b><u>ISO Code</u></b>    | <b><u>Premium Basis</u></b> |
| Condominium – Residential    |                           | 62003                     | # of units                  |
| Swimming Pools               |                           | 48925                     | # of pools                  |
| Clubhouse                    |                           | 41668                     | Square Feet                 |
| Parks or Playgrounds         |                           | 46671                     | # of parks or playgrounds   |

**Auto Liability**

Indicate coverages desired: Non-Owned & Hired Auto  
 Garagekeepers Legal Liability  
 Comprehensive \$ Collision \$

**Employee Benefits**

Employee Benefits coverage desired? Yes No  
 # of Employees:  
 Prior coverage in place? Yes No  
 If yes, number of years in place:  
 Retro date:  
 Type of plan(s): Medical Dental 401(k) Other:

**Umbrella**

|             |             |             |              |              |             |
|-------------|-------------|-------------|--------------|--------------|-------------|
| \$1,000,000 | \$2,000,000 | \$3,000,000 | \$4,000,000  | \$5,000,000  | \$6,000,000 |
| \$7,000,000 | \$8,000,000 | \$9,000,000 | \$10,000,000 | \$15,000,000 |             |

**Underlying Insurance**

**Carrier**

**Policy Dates**

**Limits**

Employers Liability \$500,000/\$500,000/\$500,000  
 D & O Liability \$100,000/\$500,000/\$100,000

**Square Footage**

Total Building Area (not including area shown below):  
 Total Finished Basement Area:  
 Total Unfinished Basement Area:  
 Attached Garage Area:  
 Detached Garage Area:  
 Detached Carport Area:  
 Clubhouse Area:  
 Other:

**Residential Occupancy**

Current average sale or resale price of units: \$  
 # of owner occupied units:  
 # of rented units: # of units rented for period shorter than 1 year:  
 Any vacant units? # Details:  
 Any bank owned units? # Details:  
 Any developer owned units? # Details:  
 Any student occupied units? # Details:  
 Are tenants provided with written statement of community policies and rules? Yes No  
 Are tenants required to obtain insurance? Yes No  
 Are Unit Owners required to maintain individual liability Insurance (HO6)? Yes No  
 If yes, what is the minimum limit of liability required?  
 \$300,000 \$500,000 \$1,000,000 Other:

**Management**

Self managed On-site / property management firm Off-site / property management firm  
 Developer Other:  
 If off-site management indicate frequency of site visits: At least weekly Other:

**SECTION III – BUILDING INFORMATION**

**Construction Type**

|   |                 |                 |                         |                |
|---|-----------------|-----------------|-------------------------|----------------|
| Frame   | Joisted Masonry | Non-combustible | Masonry Non-combustible | Fire Resistive |
| Other (describe construction of floors, walls and roof)   |                 |                 |                         | )              |
| Is exterior covered with dryvit, EIFS or aluminum siding? |                 |                 |                         | Yes No         |

**Fire Protection and Alarms**

|   |           |         |                      |
|---|-----------|---------|----------------------|
| Smoke detectors in common areas:              | Hardwired | Battery | N/A (no common area) |
| Smoke detectors in units:                     | Hardwired | Battery |                      |
| CO Detectors?                                 |           |         | Yes No               |
| Local fire alarm?                             |           |         | Yes No               |
| Central station fire alarm?                   |           |         | Yes No               |
| Annunciator panel?                            |           |         | Yes No               |
| Are there masonry firewalls?                  |           |         | Yes No               |
| If yes, number of units per firewall?         |           |         |                      |
| Are there two (2) hour firewalls?             |           |         | Yes No               |
| Do all firewalls extend to underside of roof? |           |         | Yes No               |
| Please describe:                              |           |         |                      |

Name of responding fire department:  
 Distance to nearest responding fire department:  
 For protection class 8 and 9, describe or attach fire suppression plan:  
 Public Protection Class:

**Sprinkler System**

|  |                 |          |              |          |
|--|-----------------|----------|--------------|----------|
| Does Applicant have a sprinkler system?  |                 |          | Yes          | No       |
| Type of sprinkler system?  |                 |          | Wet          | Dry Both |
| Classification:  | NFPA 13         | NFPA 13R | Other:       |          |
| Areas of coverage:   | Entire Building | Units    | Common Areas |          |
|  | Attic           | Basement | Garage       |          |
| If applicable, are sprinkler pipes running through attic area insulated?                   |                 |          | N/A          | Yes No   |
| Percentage of building(s) sprinklered?   |                 |          |              |          |
| Is sprinkler piping fully insulated in exterior walls and attic areas to prevent freezing? |                 |          |              | Yes No   |
| Any other freeze prevention measures?  |                 |          |              | Yes No   |
| If yes, please describe:   |                 |          |              |          |
| Are sprinkler shutoff valves marked and readily accessible?                                |                 |          | Yes          | No       |
| If no, please explain:   |                 |          |              |          |
| Is the sprinkler system tested and inspected by a sprinkler contractor annually?           |                 |          | Yes          | No       |
| Was a formal winterization review done?  |                 |          | Yes          | No       |
| Are sprinkler alarms tied to a 24 hour monitoring service?                                 |                 |          | Yes          | No       |

**Roof Type**

|  |                                      |        |                      |
|--|--------------------------------------|--------|----------------------|
| Asphalt / Composition Shingle            | If so, are any T-Lock shingles used? | Yes    | No                   |
| Tile (clay)                              | Tile (concrete)                      | Metal  | Wood Shake / Shingle |
| Flat (tar and gravel)                    | Flat (membrane)                      | Other: |                      |
| Roof Manufacturer:                       | Roof Product:                        |        |                      |
| Roof Warranty:            years          |                                      |        |                      |
| Do the roofs have ice shields installed? |                                      | N/A    | Yes No               |
| How many feet?                           |                                      |        |                      |

|   |     |     |    |
|---|-----|-----|----|
| Any ice damming history?  | N/A | Yes | No |
| Corrective Actions taken:   |     |     |    |
| HVAC equipment in attic space?  | N/A | Yes | No |
| Clothes dryer vented into attic space?  | N/A | Yes | No |
| Does attic area have adequate insulation and ventilation?   | N/A | Yes | No |
| Energy Star minimum requirements:   |     |     |    |
| <a href="http://www.energystar.gov/?c=home_sealing.hm_improvement_insulation_table">http://www.energystar.gov/?c=home_sealing.hm_improvement_insulation_table</a> |     |     |    |

**PLUMBING**

|  |  |     |    |
|--|--|-----|----|
| Is there Polybutylene piping?                  |  | Yes | No |
| Please provide details on replacement program: |  |     |    |

|   |     |    |
|---|-----|----|
| Is domestic water piping fully insulated in exterior walls and attic areas to prevent freezing? | Yes | No |
| Any other freeze prevention measures?   | Yes | No |
| If yes, please explain:   |     |    |

|  |     |    |
|--|-----|----|
| Are main water shutoff valves marked and readily accessible?                       | Yes | No |
| Are individual building / unit water shutoff valves marked and readily accessible? | Yes | No |
| If no, please explain:   |     |    |

|   |     |    |
|---|-----|----|
| Any water flow detection, notification or automatic shut off devices?   | Yes | No |
| Any maintenance staff or individuals on 24-hour call to shut off water main in event of emergency?                    | Yes | No |
| Any formal procedures to require domestic water lines to be drained or turned off for any vacant or unoccupied units? | Yes | No |

**Heating, Ventilation and Air Conditioning (HVAC)**

|   |     |    |
|---|-----|----|
| Any Boilers?                                      | Yes | No |
| Any fire places?                                  | Yes | No |
| Regular cleaning required?                        | Yes | No |
| Central HVAC?                                     | Yes | No |
| Provide details on any updating of HVAC services: |     |    |

What minimum temperatures are unit owners / tenants advised to maintain when unit is unoccupied?

**Means of Egress (buildings over 3 stories)**

|  |               |    |
|--|---------------|----|
| All interior stairwells masonry enclosed?      | Yes           | No |
| All interior stairwells have fire doors?       | Yes           | No |
| Are fire doors equipped with panic hardware?   | Yes           | No |
| Emergency lighting in hallways and stairwells? | Yes           | No |
| Elevators?                                     | Yes           | No |
| # of passengers:                               | # of freight: |    |
| Are there illuminated exit signs?              | Yes           | No |
| #of exits per building:                        |               |    |

**Miscellaneous Building Issues**

|  |     |    |
|--|-----|----|
| Is grilling on balconies permitted?                                | Yes | No |
| Charcoal                  Propane                  Other:          |     |    |
| Any known or suspected construction defects?                       | Yes | No |
| Describe defects and remediation work:                             |     |    |
| Any outstanding insurance company risk management recommendations? | Yes | No |
| Please provide details on recommendations and work planned:        |     |    |

**SECTION IV – LIABILITY INFORMATION**

**Age Restricted Communities**

Any medical services provided or assisted living facilities? Yes No N/A  
 Please describe:

**Security**

Is there a guard service provided? Yes No  
 If yes, please answer the below:

- a. Type of guard service provided:    24 hour                  Evenings                  Other:
- b. Are the guards:                                  Armed                          Unarmed
- c. Are the guards:                  Employees                  Off Duty Police                  Independent Contractors \*                  Non-cash compensated security

\*If security service is an independent contractor, please provide a Certificate of Insurance and a fully executed copy of the contract.

Are the premises monitored by a closed circuit TV? Yes No  
 Is this a gated community or gated property? Yes No  
 If yes, please describe access:

Describe any fixed security measures in place. (i.e. window security in place, cards, locks, sliding glass doors, etc.).

Are incident reports provided to senior management of the property management company for security improvement action plans to be implemented? Yes No  
 What process is followed after a violent incident takes place?

Are criminal background checks conducted on all tenants and employees? Yes No

**Clubhouse**

Indicate Clubhouse Exposures:  
 Cooking Facilities                  Food Service                  Liquor Service                  Pro Shop                  Indoor Pool                  Spa  
 Convenience Store                  Retail Store                  Other:  
 Is the clubhouse rented out? Yes No  
 If yes, to whom?                  Residents                  Public  
 Formal rental agreement used? Yes No

**Swimming Pool**

Are there any swimming pools? Yes No N/A  
 Number of adult pools: #                          Number of wading pools: #  
 Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No  
 If no, provide time table and action plan:

Are there any indoor pools? Yes No  
 Are there any pools on an upper floor or rooftop? Yes No  
 Are there any diving boards? Yes No  
 Number of diving boards: #                          Highest diving board:  
 Are there any slides? Yes No  
 Number of slides (attach photo):                  Tube:                          ½ tube:                          Other:  
 Are there any Spas or Whirlpools? Yes No  
 If yes, is the spa/whirlpool located in the pool area? Yes No

|   |     |     |    |
|---|-----|-----|----|
| Are spa/whirlpool health risk signs posted?                                     | N/A | Yes | No |
| Can the pool be rented out for private functions?                               |     | Yes | No |
| Are pools completely fenced?  |     | Yes | No |
| Do you have a self locking / latching gate that is in proper working condition? |     | Yes | No |
| Are all doors / gates leading to the pool area locked after hours?              |     | Yes | No |
| Is public access to the pool area controlled by a secure door or gate?          |     | Yes | No |
| What are the hours of operations?   |     |     |    |
| Are lifeguards on duty during posted hours?                                     |     | Yes | No |
| Are the hours posted?   |     | Yes | No |
| Are lifeguards:            Employees                      Subcontractors        |     |     |    |
| If subcontracted, is a current certificate of insurance obtained?               |     | Yes | No |
| Is a written maintenance schedule check done on all life safety features daily? |     | Yes | No |
| Who is responsible for daily maintenance?                                       |     |     |    |
| Are SWIM AT YOUR RISK signs posted?   |     | Yes | No |
| Are pool depths marked in and around the pool area?                             |     | Yes | No |

**Playground**

|   |  |  |     |
|---|--|--|-----|
| What is the surface under the playground equipment? |  |  | N/A |
|---|--|--|-----|

**Amenities and Recreational Activities**

|  |              |                   |              |           |  |  |                   |     |     |
|--|--------------|-------------------|--------------|-----------|--|--|-------------------|-----|-----|
| Any basketball court, tennis court, bike trail, walking trail, skateboard park, etc? |              | Yes               | No           |           |  |  |                   |     | N/A |
| Describe:  |              |                   |              |           |  |  |                   |     |     |
| Is there an exercise / weight room?  |              | Yes               | No           |           |  |  |                   |     |     |
| If yes, is it supervised?  | Yes          | No                |              |           |  |  | Are rules posted? | Yes | No  |
| Type of equipment:   | Free Weights | Circuit equipment | Step Machine | Lifecycle |  |  |                   |     |     |
|  | Treadmills   | Rowing Machine    | Other:       |           |  |  |                   |     |     |
| Dog park with rules posted?  |              |                   |              |           |  |  |                   | Yes | No  |

**Maintenance and Independent Contractors**

|   |                  |                          |               |  |  |  |  |     |    |
|---|------------------|--------------------------|---------------|--|--|--|--|-----|----|
| Are the association streets:  | Private          | Public                   |               |  |  |  |  |     |    |
| If private street, who maintains?   | Association      | Independent Contractor   |               |  |  |  |  |     |    |
| Indicate existing maintenance contracts:  | Grounds          | Maintenance              | Snow Removal  |  |  |  |  |     |    |
| Indicate if contractor provides:  | Written contract | Certificate of Insurance | Hold Harmless |  |  |  |  |     |    |
| If there is a Snow Removal contract, does it include a hold harmless / indemnification clause protecting the Association? |                  |                          |               |  |  |  |  | Yes | No |

|                                      |
|--------------------------------------|
| <b>SECTION V – CRIME INFORMATION</b> |
|--------------------------------------|

|  |                    |                 |                 |     |    |  |  |  |  |
|--|--------------------|-----------------|-----------------|-----|----|--|--|--|--|
| What is the current operating budget? \$                                   |                    |                 |                 |     |    |  |  |  |  |
| Who handles association funds?   | Board of Directors | Property Manger | Accounting Firm |     |    |  |  |  |  |
| Does property manager commingle association funds with other associations? |                    |                 | N/A             | Yes | No |  |  |  |  |
| Does property manager carry fidelity coverage?                             |                    |                 | N/A             | Yes | No |  |  |  |  |
| Does property manager check signing limit without countersignatures?       |                    |                 | N/A             | Yes | No |  |  |  |  |
| Association fees and assessments are sent to:                              | Association        | Property Manger | Lock Box        |     |    |  |  |  |  |
| Are there separate operating and reserve accounts?                         |                    |                 |                 | Yes | No |  |  |  |  |
| Is prior board approval required for all expenditures?                     |                    |                 |                 | Yes | No |  |  |  |  |
| If no, over what amount? \$  |                    |                 |                 |     |    |  |  |  |  |
| Is prior board approval needed to access reserve account?                  |                    |                 |                 | Yes | No |  |  |  |  |
| Are countersignatures required on all checks?                              |                    |                 |                 | Yes | No |  |  |  |  |
| If no, indicate \$ threshold: \$   |                    |                 |                 |     |    |  |  |  |  |
| Is a board member signature required for countersignature?                 |                    |                 |                 | Yes | No |  |  |  |  |
| If no, explain procedure:  |                    |                 |                 |     |    |  |  |  |  |
| Is there an annual audit?  |                    |                 |                 | Yes | No |  |  |  |  |
| What type (i.e. certified, compilation)?                                   |                    |                 |                 |     |    |  |  |  |  |
| Are bank statements reconciled monthly?                                    |                    |                 |                 | Yes | No |  |  |  |  |
| If no, indicate frequency:   |                    |                 |                 |     |    |  |  |  |  |
| Does the person who reconciles have the ability to withdraw funds?         |                    |                 |                 | Yes | No |  |  |  |  |
| Does the association have debit or credit card accounts?                   |                    |                 |                 | Yes | No |  |  |  |  |
| Who has cards?   |                    |                 |                 |     |    |  |  |  |  |

**SECTION VI – PRIOR CARRIER INFORMATION**

**General Liability**

|                    |                            |             |      |             |      |             |      |             |      |  |
|--------------------|----------------------------|-------------|------|-------------|------|-------------|------|-------------|------|--|
| Carrier:           |                            |             |      |             |      |             |      |             |      |  |
| Policy Number:     |                            |             |      |             |      |             |      |             |      |  |
| Policy Type:       |                            | Claims Made | Occ. | Claims Made | Occ. | Claims Made | Occ. | Claims Made | Occ. |  |
| Effective/Exp Date |                            |             |      |             |      |             |      |             |      |  |
| LIMITS             | General Aggregate          |             |      |             |      |             |      |             |      |  |
|                    | Products Comp Op Aggregate |             |      |             |      |             |      |             |      |  |
|                    | Personal Adv Injury        |             |      |             |      |             |      |             |      |  |
|                    | Bodily Injury              | Occ.        |      |             |      |             |      |             |      |  |
|                    |                            | Agg.        |      |             |      |             |      |             |      |  |
|                    | Property Injury            | Occ.        |      |             |      |             |      |             |      |  |
|                    |                            | Agg.        |      |             |      |             |      |             |      |  |
| CSL                |                            |             |      |             |      |             |      |             |      |  |
| Premium:           |                            | \$          |      | \$          |      | \$          |      | \$          |      |  |

**Property**

|                       |    |    |    |    |
|-----------------------|----|----|----|----|
| Carrier:              |    |    |    |    |
| Policy Number:        |    |    |    |    |
| Policy Type:          |    |    |    |    |
| Effective / Exp Date: |    |    |    |    |
| Premium:              | \$ | \$ | \$ | \$ |

**Coverage:**

|                       |    |    |    |    |
|-----------------------|----|----|----|----|
| Carrier:              |    |    |    |    |
| Policy Number:        |    |    |    |    |
| Policy Type:          |    |    |    |    |
| Effective / Exp Date: |    |    |    |    |
| Limit:                |    |    |    |    |
| Premium:              | \$ | \$ | \$ | \$ |

**RESIDENTIAL/ REAL ESTATE WINTER WEATHER FREEZE PROTECTION**

The Winter Weather Freeze Supplemental is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.

These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

- |    |  |     |    |      |
|----|--|-----|----|------|
| 1. | Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?<br>This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, above suspended ceilings, concealed spaces, exterior walls, and stairwells.   | Yes | No | N/A  |
|    | a. If not, select all freeze protection measures currently in place:<br>Temperature monitoring and remote heating control system (Wi-Fi temperature controls PHLYSense<br>Other water detection/ notification/ alarm system<br>Backup electrical generator, ensuring building heat at all times<br>Insulation around water pipes in cold areas*<br>Heat tracing for water pipes in cold areas*<br>Antifreeze fire sprinkler system in cold areas*<br>Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers<br>Other: |     |    |      |
|    | b. Have adequate fixed heat or additional protection measures been added to areas where domestic water or fire protection lines have frozen and ruptured during past cold weather events? If yes, please attach supporting documentation by building.  | Yes | No | N/A  |
|    | * Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F.  |     |    |      |
| 2. | Fire Protection and Testing  |     |    |      |
|    | a. Is the building provided with an Automatic Fire Sprinkler System (AS)?  | Yes | No | N/A  |
|    | i. If yes, what type of sprinkler system is installed?      Wet-Pipe      Dry-Pipe   |     |    | Both |
|    | ii. If yes, approximately what percentage (%) of the building is sprinklered?  |     |    | %    |
|    | iii. If yes, has the system been tested & inspected by qualified sprinkler contractor within past 12 months & includes a formal winterization review?  | Yes | No | N/A  |
|    | iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company?   | Yes | No | N/A  |
|    | v. Are the baseline requirements of NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protections being met?   | Yes | No | N/A  |
| 3. | Emergency Water Response (domestic and AS water lines)   |     |    |      |
|    | a. Are main water shutoff valves (domestic and AS water lines) marked and readily accessible?  | Yes | No | N/A  |
|    | b. Are water shutoff valves exercised (closed and reopened) at least annually?   | Yes | No | N/A  |
|    | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?   | Yes | No | N/A  |
|    | d. Are unit water shutoff valves marked and readily accessible?  | Yes | No | N/A  |
| 4. | Automatic Water Shutoff Devices  |     |    |      |
|    | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?  | Yes | No | N/A  |
| 5. | Vacant or Unoccupied Units/ Spaces   |     |    |      |
|    | a. Does Applicant have a formal process to turn off and drain domestic water lines for these vacant or unoccupied units/ spaces?   | Yes | No | N/A  |
|    | b. Are unit owners/ tenants advised to maintain heat in the unit/ space when unoccupied?<br>Minimum Temperature advised to maintain:   | Yes | No | N/A  |
| 6. | Roof/ Attic Area   |     |    |      |
|    | a. Does attic area have adequate insulation and ventilation?<br><a href="https://www.energystar.gov/sites/default/files/asset/document/DIY_Guide_2016.pdf">https://www.energystar.gov/sites/default/files/asset/document/DIY_Guide_2016.pdf</a>  | Yes | No | N/A  |



7. Seasonal Occupancies ONLY:

- |  |                  |
|--|------------------|
| a. Is there a full-time caretaker/ maintenance personnel on the premise?<br>If yes, select required duties of the caretaker:<br>Regular walkthroughs of the building<br>i. How often each day?<br>Trained in the location(s) of water shut off valve(s)<br>Inspects taps and leaves them dripping in freeze weather events<br>Shuts off or drains pipes during freezing temperatures<br>Monitors building temperatures ensuring heat is maintained at required levels<br>Responds to power outages<br>i. List of required procedures | Yes    No    N/A |
| b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.?   | Yes    No    N/A |

## CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:  
 Address of Applicant:  
 City: State: Zip:  
 Website: www:  
 Nature of Operations:

1. Annual sales or revenue: \$
  
2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No  
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
  - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
  - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
  - c. Credit or Debit Card Information
  
3.
  - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
  - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
  - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
  - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

### FRAUD NOTICE STATEMENTS

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 COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN DISTRICT OF COLUMBIA:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**APPLICABLE IN FLORIDA** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN NEW JERSEY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**APPLICABLE IN OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**APPLICABLE IN OKLAHOMA:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**APPLICABLE IN PENNSYLVANIA:** 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 COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN VERMONT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**APPLICABLE IN NEW YORK:** 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)