



## E & S CONDOMINIUM ASSOCIATION SUPPLEMENTAL - FLORIDA

### SUBMISSION REQUIREMENTS

- Current Financial Statement and/or budget
- Any inspection, survey, engineering report or condition assessment report
- Reserve Study, if available
- Board meeting minutes from last three months

### APPLICANT INFORMATION

Applicant Name:

Effective Date:

Billing Contact Name:

Phone Number:

Email:

Risk Management Contact:

Phone Number:

Email:

1. Total number of Units:

Year Built:

Total number of Association owned rental units:

Total number of rental units:

Total number of vacant units:

2. Website: www.

3. Number of swimming pools?

a. Are lifeguards present?

Yes No

b. Is there a diving board?

Yes No

c. Is there a water slide? (attach photo)

Yes No

d. Is the pool fenced/ gated?

Yes No

e. Are signs posted?

Yes No

f. Is there a swim team?

Yes No

g. Is the pool compliant with the Virginia Graeme Baker Pool and Spa Safety Act?

Yes No

If no, provide timetable and action plan?

4. Does the Applicant have a clubhouse, cabana, or fitness center/ exercise room?

Yes No

a. Is the clubhouse rented out?

Yes No

If yes, provide details:

b. Clubhouse square footage:

c. Cabanas square footage:

d. Fitness Center square footage:

e. Exercise room square footage:

f. Are proper "Exercise At Own Risk" signs posted?

Yes No

g. Are fitness classes conducted?

Yes No

5. Does the Applicant have any of the following:

a. Lakes Yes No

Number of Lakes:

Size of depth & area of lakes:

b. Retention Pond(s)? Yes No

Are signs posted?

Yes No

c. Boat Docks? Yes No

Number of boat slips:

d. Retaining & Sea Walls? Yes No

Height and width:

6. Is this a gated community? Yes No
- a. Is there a guardhouse? Yes No
- b. Are security guards provided? Yes No If yes, are they employees or contracted: Are they armed? Yes No
- Number of guards:
7. a. Have there been any major renovations in the last 5 years? Yes No  
If yes, provide details:
- b. Are there any major projects planned for the next 2 years? Yes No  
If yes, provide details:
- c. Are there any outstanding violations with the municipality? Yes No  
If yes, provide details:
- d. Has a reserve study been done? Yes No
- e. Has there been any special assessments in the last 5 years? Yes No  
If yes, provide details:
- f. Any special assessments planned? Yes No

8. Exposures - check all that apply

| Exposure                                    | # of exposures | Exposure          | # of exposures |
|---|----------------|-------------------|----------------|
| Docks/Slips                                 |                | Dog Park          |                |
| Golf Course (# of holes)                    |                | Piers             |                |
| Horse Trails                                |                | Pickleball Courts |                |
| Playgrounds                                 |                | Tennis Courts     |                |
| Theater                                     |                | Walking Trails    |                |
| Woodworking Shops                           |                |                   |                |
| Association sponsored clubs (provide list): |                |                   |                |
|   |                |                   |                |
| Miscellaneous (please describe)             |                |                   |                |
|   |                |                   |                |

**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\

**FRAUD NOTICE STATEMENTS**

**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.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, 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)