



ORCHID

The First Choice.

Community Association Package Product Application- All States

Applicant's Name: _____				
Type of Association:	Residential condo	Homeowner	Commercial/Retail	
Number of units:	_____	Number of employees:	_____	
Is there any commercial/retail occupancy?			Yes	No
If "yes," # of retail units:	_____	# of commercial (office or warehouse) units:	_____	
Total area of commercial/retail space:	_____ square feet			
Who is responsible for the insurance and maintenance of the residential buildings?	The association or		Individual unit owners	
Does the association own or maintain a pool?			Yes	No
If "yes," confirm number of enclosed/fenced locations with pools	_____			
Does the association or property manager own or manage any rental units?			Yes	No
Are there any short-term rentals owned or managed by the association?			Yes	No
What percentage of the units are occupied by the student tenants? (not applicable in DC):	_____			
What percent of units are sold?	_____ %	What is the average home/unit value?	_____	
Who performs snow and ice removal?	Insured	Contractor	Tenant	Not a cold weather state
Amenities Section				
Does the association own or maintain any of the following amenities? If "yes," confirm number of each:			Yes	No
Docks/Slips/Piers:	_____			
Privately owned beaches:	_____			
Lakes/Ponds (acres):	_____			
Streets/Roads (miles):	_____			
Fitness center:	_____			
Sport courts (type):	_____			
Open space/Greenbelts (acres):	_____			
Clubhouse (square feet):	_____			
Walking/Equestrian trails (miles):	_____			
Playgrounds:	_____			
Enclosed parking garages (square feet):	_____			
Please provide requested limits for the following property that is to be insured:				
Shed/Gazebo:	_____			
Streets and roads:	_____			
Fence/Walls:	_____			
Playground equipment:	_____			
Signs:	_____			
Trees/Shrubs:	_____			
Canopy/Awning:	_____			
Docks/Slips:	_____			
Outdoor equipment:	_____			
Walkways:	_____			
Pool/Spa/Jacuzzi:	_____			
Irrigation/Sprinkler:	_____			
Other:	_____			
Lights/Poles:	_____			
Other Paved Surfaces:	_____			

ELIGIBILITY CRITERIA

- | | | | |
|--|-----|-----|----|
| 1. Does the association have any affiliation with, own or maintain any of the following: | | | |
| a) Golf course or country club? | Yes | No | |
| b) Water treatment facility? | Yes | No | |
| c) Airport/Airstrip or sewage treatment facility? | Yes | No | |
| 2. Does the builder/developer/sponsor maintain representation on the board? | Yes | No | |
| If "yes," has control of the board been turned over to the association? | Yes | No | |
| 3. Is there any ongoing conversion from apartments to condominiums? | Yes | No | |
| 4. Is membership in the association voluntary? | Yes | No | |
| 5. If there is any commercial cooking, does the kitchen meet all NFPA 96 requirements? | N/A | Yes | No |

GENERAL LIABILITY

6. Does the association obtain certificates of general liability and workers' compensation coverage from all sub-contractors?		Yes	No
7. Are less than 60% of the units occupied?		Yes	No
8. Is the association subject to any age restrictive covenants?		Yes	No
9. Is there use of the association's recreational facilities by non-unit owners or the public?		Yes	No
10. Does the association sponsor any athletic teams or hold sporting competitions on premises?		Yes	No
11. Does the association have an affiliation with, own, maintain or contract for any of the following: animal stables, bridges for vehicle use, day care, skiing/resort activities, fire/police/ambulance services, electricity generation or other utilities?		Yes	No
12. Does the association have any armed security or off-duty police?		Yes	No
13. Is there an elevator on premises?	N/A	Yes	No
If yes is there an elevator maintenance agreement in place?		Yes	No
14. All common areas and parking lots lit at night	N/A	Yes	No

If the applicant answered "yes," to having Amenities in Section I, please answer the following that apply:

1. If there is a pool, does the following apply for each pool: completely fenced with self-latching gate, depths clearly marked, rules clearly posted, life safety equipment readily available and no diving boards or slides?	Yes	No
If "yes," does the pool comply with the Virginia Graeme Baker Pool and Spa Safety Act?	Yes	No
2. If there is a fitness center, are rules posted requiring adult supervision and no professional services provided?	Yes	No
3. If there is a lake, pond or beach:		
a) Are there any bridges for vehicle use or dams?	Yes	No
b) Is swimming permitted?	Yes	No
If "yes," does the following apply: rules are clearly posted, there are no diving boards or slides, there is life saving equipment present and the lake/beach is for use by the association members only?	Yes	No
c) Does the association own or rent any watercraft?	Yes	No
4. If there are any docks/slips/piers, please answer the following:		
a) Are there any commercial operations or docking of commercial vessels permitted?	Yes	No
b) Are any marina services provided (fueling, dry boat storage/moorage, repair, sales, etc.)?	Yes	No
c) Is there a charge or fee for access to the pier?	Yes	No
d) Does the association own or rent any watercraft?	Yes	No
5. If there are any association-owned common buildings (i.e. clubhouse), does the following apply:		
All wiring connected to functioning circuit breakers, the entire building is protected by functioning smoke detectors and no aluminum or knob and tube wiring?	Yes	No

PROPERTY

1. If you own the building and it is older than 15 years, please complete the following:			
Age of roof: _____ yrs.			
Plumbing type: PVC Copper Lead Galvanized Other _____			
2. Are there functioning and operational smoke and/or heat detectors in all common areas?	Yes	No	
3. For any building built prior to 1978, 100% of the electrical wiring connected to functioning and operational circuit breakers?	N/A	Yes	No
4. For any building built prior to 1978, is there no aluminum or knob and tube wiring?	N/A	Yes	No
5. If there is a restaurant, please answer the following:			
a) Is there commercial cooking on the premises?	N/A	Yes	No
b) Describe cooking equipment used: Grills Open flame Oven Deep fat fryers Charcoal grill			
c) What type of extinguishing system is functioning and operational? Wet Dry			
d) Is there a cleaning contract in force with an outside firm?	Yes	No	
6. If the applicant is responsible for the insurance or maintenance of the residential buildings, please answer the following:			
a) If over 3 stories, is there a fully enclosed, fire-protected stairwell?	N/A	Yes	No
b) If over 7 stories, is the building 100% sprinklered?	N/A	Yes	No

OPTIONAL COVERAGES

1. Assault & Battery	N/A	\$50,000/\$100,000	\$100,000/\$100,000
2. Terrorism		Yes	No
3. Water Back Up	N/A	\$25,000	
4. Hired and Non Owned Auto	N/A	Yes	No
# of employees	N/A	0-25	26-100 101 or more
Cost to lease, hire or rent vehicles annually?			
Does applicant run MVRs on all employees?	N/A	Yes	No

5. Employee Benefits Liability

Limits (each employee/aggregate)N/A\$25,000/ \$25,000\$50,000/ \$50,000\$100,000 /\$100,000

of employees (full and part time employees)

Are all personnel who counsel employees familiar with the details of the insured's program?N/AYesNo

Are all programs in compliance with Cobra requirements?N/AYesNo

For optional employee benefits are rejections, either signed or electronic, required and kept on file?N/AYesNo

6. Employee Dishonesty

LimitsN/A\$25,000\$50,000

Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?N/AYesNo

Is Countersignature Of Checks Required?N/AYesNo

If Not, Who Signs Controls?

Frequency of audits and by whom made?

Any losses within the last 5 years?

of employees- full and part time employees

7. Ordinance or Law Coverage (Coverage A, B & C combined)N/A\$100,000\$250,000\$500,000

LOSS INFORMATION FOR THE PAST THREE YEARS

Property CoveragesNone, or provide detail below.

YearStatusIncurredDescription

Open/Closed\$

Open/Closed\$

Open/Closed\$

Liability CoveragesNone, or provide detail below.

YearStatusIncurredDescription

Open/Closed\$

Open/Closed\$

Open/Closed\$

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M

ADDITIONAL APPLICANT INFORMATION

Inspection contact name:

Telephone/E-mail address: