



# COLONIAL GENERAL INSURANCE AGENCY, INC.

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Agent's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail  
Applicant's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail

## Condominium Or Homeowners Association General Liability Application

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_  
 Web site Address \_\_\_\_\_

Agency Name \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Phone \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  
 Limited Liability Company  Other (Specify): \_\_\_\_\_

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements		Total
Deductible	\$	\$

1. **Years in business:** \_\_\_\_\_
2. **Have all development and/or construction operations been completed?** .....  Yes  No
3. **Is the builder or developer a member of the board of directors for the association?** .....  Yes  No
4. **Is association membership voluntary?** .....  Yes  No  
 If yes:  
 How many association members? \_\_\_\_\_  
 How many non-members are living within the boundaries of the association? \_\_\_\_\_

5. **Number of units:** \_\_\_\_\_ Single family homes: \_\_\_\_\_ Townhomes: \_\_\_\_\_ Condos: \_\_\_\_\_  
 Rental units: \_\_\_\_\_ Commercial condos: \_\_\_\_\_ Time-shares: \_\_\_\_\_  
 If units are rented, does the Association control the rentals? .....  Yes  No

6. **Number of stories:** \_\_\_\_\_ Sprinkled?.....  Yes  No  
 Fire resistive? .....  Yes  No

7. **How many swimming pools?** \_\_\_\_\_ Number of diving boards, pool slides or diving platforms? \_\_\_\_\_  
 Any diving boards or platforms over one meter in height?.....  Yes  No  
 Any slides over 10 ft. in height?.....  Yes  No  
 Are rules posted? .....  Yes  No  
 Are pools fenced?.....  Yes  No  
 Are gates self-closing and locking?.....  Yes  No  
 Any lifeguards? .....  Yes  No

8. **Number of:**

Baseball parks		Basketball courts		Bathing beaches	
Boat docks		Boat ramps		Boat rentals	
Clubhouses	/ _____ sq ft.	Convenience stores		*Dams	
Diving rafts		Ice skating		**Lakes (no. of acres)	
Playgrounds		Private airports		Racquetball courts	
Restaurants/lounges		Saunas		Shooting ranges	
Spas		Tennis courts		Volleyball courts	

\* (If applicable, complete Dam Questionnaire GLS-113)

\*\* Is swimming allowed in the lakes?.....  Yes  No

9. **Does the association have an airport?** .....  Yes  No

10. **Any waterworks/sewage treatment/disposal facilities?**.....  Yes  No

Describe in detail: \_\_\_\_\_

If yes, is it maintained and operated by insured? .....  Yes  No

11. **Any garbage dumps or landfills?**.....  Yes  No

12. **Is the association responsible for maintenance of the roads?** .....  Yes  No

If so, how many miles of road? \_\_\_\_\_

13. **How many parks?** \_\_\_\_\_ Describe in detail: \_\_\_\_\_

\_\_\_\_\_

How many trails? \_\_\_\_\_

14. **Any horse trails or bike trails?**.....  Yes  No

If yes, how many miles of trails? \_\_\_\_\_ Describe in detail: \_\_\_\_\_

\_\_\_\_\_

15. **Any stables?** .....  Yes  No **Riding arenas?** .....  Yes  No

**Jumps?** .....  Yes  No **Saddle animals for hire?** .....  Yes  No

16. **Is this a master association which provides group common areas for individual associations?** ...  Yes  No

17. **Does association include commercial and/or institutional members?** .....  Yes  No

18. Any security guards on premises? .....  Yes  No

If yes, how many? \_\_\_\_\_ Are they armed or unarmed? \_\_\_\_\_

Does association directly employ guards? .....  Yes  No

If outside security guard service, are certificates of insurance required? .....  Yes  No

19. Total number of employees: \_\_\_\_\_

20. Does applicant have Workers Compensation coverage in force? .....  Yes  No

21. Does applicant lease employees? .....  Yes  No

22. Any special events? .....  Yes  No

23. Any sponsored athletic teams? .....  Yes  No

If yes, please describe: \_\_\_\_\_

24. Any other exposures which the association is responsible for? .....  Yes  No

25. Please attach any descriptive or advertising literature.

26. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.  See loss run attached

YEAR	COMPANY	POLICY NUMBER	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

27. Any prior losses due to mold? .....  Yes  No

If yes, has mold been completely remediated? .....  Yes  No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING**

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.

**FRAUD WARNING (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.

**FRAUD WARNING (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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

**FRAUD WARNING APPLICABLE IN THE STATE OF 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

\_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.