

HOA Questionnaire

General Questions

Name of Association: _____

Date HOA Formed: _____

Years in Business: _____

Mailing Address: _____

Emergency Preparedness Email Address:

Website: _____

Contact Name & Phone Number: _____

Prior Insurance Information

Carrier & Policy Number: _____

Expiration Date: _____

Expiring Premium: _____

Proof of Insurance Provided?

Location Questions

Physical Address: _____

Is location eligible for windstorm pool? Yes No
If YES: Does the Windstorm Pool provide coverage? Yes No

Total Number of Residential Units? _____

Is risk located in an A or V Flood Zone? Yes No
If YES: Flood coverage is required.

Is the community a qualified age-restricted association? Yes No
If YES: 18 or 55

Is this community a gated community? Yes No
If YES: What are the hours the access is controlled?
0 Hours
24 Hours
6 to 12 Hours AM
6 to 12 Hours Overnight

Are accessible areas of the perimeter fenced or walled? Yes No

Are there tennis courts? Yes No

Are there shuffleboard courts? Yes No

What is the Monthly Maintenance Fee? _____

Coverage Questions

Employee Dishonesty

Number of Employees (Include uncompensated Directors and Officers): _____

Frequency of Audits:

Monthly

Quarterly

Annual

None (Ineligible if this option is selected)

Is countersignature of checks required? Yes No

Are accounts reconciled by a person not authorized to deposit or withdraw?

Yes No (Ineligible if this option is selected)

Directors & Officers Liability

Date control was transferred by builder/developer: _____

Does the applicant have current D&O Coverage? Yes No

If YES: Current Limit of Insurance: \$ _____ limit

Current D&O Insurance Company: _____

Expiration Date of Previous D&O Policy: _____

Retroactive Date: _____

Are there any pending claims or demands against the named association or anyone for whom this insurance is intended that be covered by any similar insurance presently or previously in effect or currently proposed? Yes No

Does anyone for whom insurance is intended have any knowledge or information of any act, error, omission, face, circumstance which may give rise to a Claim within the scope of the proposed insurance? Yes No

Does the Association use a Management Company? Yes No

If YES: Name of Management Company: _____

Does the applicant use an employment application for every potential employee? Yes No

Does the applicant distribute an employee handbook to all employees? Yes No

Does the applicant have an at will provision in the employment application or handbook? Yes No

Has the applicant implemented anti-sexual harassment and anti-discrimination policies? Yes No

Does the applicant have a progressive disciplinary program? Yes No

Does the applicant have access to outside legal counsel for employment advise? Yes No

Employment Related Practice Liability

Number of Full Time Employees (Definition of Employees Under This Coverage is: Employee Full & Part time, Including Leased Workers but not Including Temporary Workers): _____

Have There Been Any Employment Related Claim in the Past 3 Years?

Yes (Ineligible if this option is selected) No

Retroactive Date: _____

Does the Applicant use an employment application for every potential employee? Yes No

Does the applicant distribute an employee handbook to all employees? Yes No

Does the applicant have an at will provision in the employment application or handbook? Yes No

Has the applicant implemented anti-sexual harassment and anti-discrimination policies? Yes No

Does the applicant have a progressive disciplinary program? Yes No

Does the applicant have access to outside legal counsel for employment advise? Yes No

Hired Automobile

Does the Insured have another Commercial Auto Policy? Yes No

If No: Are hired or non-owned vehicles used for other than trips to the bank, post office or similar business related activity? Yes (Ineligible if this option is selected) No

Non-Owned Auto Liability

Does the Insured have another Commercial Auto Policy? Yes No

If No: Does the Insured of Employee engage in any delivery or transportation of persons? Yes (Ineligible if this option is selected) No

Are hired or non-owned vehicles used for other than trips to the bank, post office, or similar business related activity?

Yes (Ineligible if this option is selected) No

Additional Liability Exposures

Fitness Centers – Fee & No Fee

Sales: \$ _____

Description of Exposure: _____

Are there instructors or Supervision provided by any Fitness Center? Yes No

Golf Course / Receipts / Pro-Shop

Provide the total annual sales/receipts from all golf related activities: \$ _____

Description of Exposure: _____

Is there a beverage cart? Yes No

How many holes? _____

Par: _____

Is there a driving range? Yes No

How many owned/leased rental carts? _____

Is there a Pro Shop? Yes No

Other Liability – Admission

Admissions: \$ _____

Description of Exposure: _____

Other Liability – Sales

Sales: \$ _____

Description of Exposure: _____

Other Liability – Each

Each: _____

Description of Exposure: _____

Other Liability – Total Cost

Total Cost: \$ _____

Description of Exposure: _____

Other Liability – Area

Area: _____

Description of Exposure: _____

Other Liability – Payroll

Payroll: \$ _____

Description of Exposure: _____

Other Liability – Units

Units: _____

Description of Exposure: _____

Other Liability – Operating Exposure

Total Operating Expenses: \$ _____

Description of Exposure: _____

Other than Swimming Exposure

Each Water Exposure: _____

Description of Exposure: _____

Playground or Amusement Areas

Each: _____

Description of Exposure: _____

Premises Rented to Others: Non-Residential

Total Annual Receipts or Sales from Activities: \$ _____

Description of Exposure: _____

Premises Rented to Others: Residential

Number of Rental Units: _____

Description of Exposure: _____

Does the Community Conduct a Background Check on Prospective Tenants?

Yes No (Ineligible if this option is selected)

Minimum Number of Months Required for Lease/Rental: _____

Does the Insured Have a Guideline for the Maximum Number of Tenants per Unit / Bedroom?

Yes No (Ineligible if this option is selected)

Maximum Number of Tenants Per Bedroom: _____

Does the Applicant have Written Guidelines fo Qualifying a new Tenant?

Yes No (Ineligible if this option is selected)

Are the Lock Changed or Re-Keyed Between All Tenants?

Yes No (Ineligible if this option is selected)

Are the Units Equipped with Hard Wired Smoke Detectors? Yes No

If No: Are the Units Equipped with Battery Type Smoke Detectors?

Yes No (Ineligible if this option is selected)

What is the Maintenance Procedure to Determine that the Smoke Detectors are in Working Order?

Describe: _____

Are the Units Equipped with Burglar Bars?

Yes (Ineligible if this option is selected) No

Does the Insured Lease or Rent Units to be Used as Adult Congregate Living Facilities?

Yes No (Ineligible if this option is selected)

Restaurant or Bar

Total Annual Sales from This Restaurant or Bar: \$_____

Description of Exposure: _____

Do all cooking surfaces and hoods have automatic fire protection?

Yes No (Ineligible if this option is selected)

Number of months between maintenance inspections: _____

Does the Insured Sell Beer and/or Liquor? Yes No

If YES: Does the Insured have a Liquor Liability Coverage Elsewhere? Yes No

Seating Bleachers/Grandstands

Each: _____

Description of Exposure: _____

Are there any seating or viewing areas with more than 5 risers and/or seating in excess of 100 persons?

Yes (Ineligible if this option is selected) No

Swimming Exposure - Pool/Beach

Each: _____

Description of Exposure: _____

Are all pools areas completely fenced with self-closing; self-locking gates?
Yes No (Ineligible if this option is selected)

Vacant Land

How Many Acres? _____

Description of Exposure: _____

Additional Insured Location

Insured Type

Name: _____

Address: _____

Description: _____

Tools & Scheduled Equipment

Year: _____

Make/Model: _____

Serial Number: _____

Value: _____

Liquor Liability

Does the Insured Sell Beer and/or Liquor?	Yes	No		
Does the Insured Have Liquor Liability Coverage Elsewhere?			Yes	No
Gross Sales: \$	_____			

Miscellaneous Outdoor Property

Limit & Description of Exposure: _____

Additional Insured Building

Name:

Insured Type:

Address:

Waiver of Subrogation? Yes No

Spoilage Coverage

Refrigeration Maintenance Agreement – Select from following:

Utility Services Building

Communication Services?	Yes	No		
<i>If YES: Communication Services from a public utility?</i>			Yes	No
Are communication lines overhead?	Yes	No		
Power Supply Services?	Yes	No		
<i>If YES: Are Power supply lines overhead?</i>		Yes	No	
Power supply from a public utility?	Yes	No		
Water Supply Services?	Yes	No		
<i>If YES: Water supply from a public utility</i>				

Description of Equipment: _____

Underwriting Questions – After Quote is Completed

Does any building or structure have a wood shingle roof or aluminum wiring? Yes No

Does any building have existing damage? Yes No

Any other subsidiaries, operate any business or own other property? Yes No

If YES: Please describe: _____

Any unrelated business or services provided? Yes No

If YES: Please provide a description of business or services provided: _____

Is the HOA responsible for maintenance for streets or street signs? Yes No

Is the HOA responsible for lawn irrigation? Yes No

Is the HOA responsible for tree trimming? Yes No

Is the HOA responsible for cable tv, telephone, or internet service? Yes No

Is the HOA responsible for trash/garbage collection? Yes No

Is the HOA responsible for security? Yes No

If YES: Do guards carry firearms or use guard dogs? Yes (Ineligible if this option is selected) No

Has the property been occupied or do you anticipate future occupancy by tenants who qualify for city, county, state or federal government subsidized assistance? Yes No

Any policy or coverage declined, cancelled or non-renewed during prior 3 years? Yes No

If YES: Select a reason from:

Loss History

Date of Loss: _____

Type of Loss: _____

Amount Paid: _____

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