

# Benchmark

**MANAGEMENT GROUP, INC.**

1730 Park Street, Suite 214 Naperville, IL 60563  
 Phone: (630) 778-7000 Fax: (630) 778-7007

## CONDOMINIUM OR HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION

Applicant's Name	_____
Mailing Address	_____ _____ _____
Location	_____ _____

Agent Name	_____
Address	_____ _____ _____

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

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

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 Deductible	\$ _____	Total
		\$ _____

- A. **Years in business:** \_\_\_\_\_
- B. **Have all development and/or construction operations been completed?**    Yes    No
- C. **Number of units** \_\_\_\_\_ Single family homes \_\_\_\_\_ Townhomes \_\_\_\_\_ Condos \_\_\_\_\_  
 Rental Units \_\_\_\_\_ Commercial Condos \_\_\_\_\_ Time-Shares \_\_\_\_\_
- D. **Number of stories** \_\_\_\_\_ Sprinkled?    Yes    No   Fire resistive?    Yes    No
- E. **How many swimming pools?** \_\_\_\_\_ Number of diving boards, pool slides, or diving platforms? \_\_\_\_\_  
 Any diving boards, pools slides, or diving platforms over 10ft. 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
- F. **Number of:**   Clubhouses \_\_\_\_\_ Convenience Stores \_\_\_\_\_ Saunas \_\_\_\_\_ Spas \_\_\_\_\_  
 Baseball parks \_\_\_\_\_ Volleyball courts \_\_\_\_\_ Tennis courts \_\_\_\_\_  
 Basketball courts \_\_\_\_\_ Racquetball courts \_\_\_\_\_ Playgrounds \_\_\_\_\_  
 Lakes (no. of acres) \_\_\_\_\_ Swimming allowed? \_\_\_\_\_ Ice Skating \_\_\_\_\_  
 Bathing beaches \_\_\_\_\_ Diving rafts \_\_\_\_\_ Boat docks \_\_\_\_\_  
 Boat rentals \_\_\_\_\_ Private airports \_\_\_\_\_ Shooting ranges \_\_\_\_\_  
 Restaurants/Lounges \_\_\_\_\_ Dams \_\_\_\_\_ (If applicable, complete Dam Questionnaire GLH-113)

- G. **Any waterworks/sewage treatment/disposal facilities?** .....  Yes  No  
Describe in detail: \_\_\_\_\_
- H. **Is the association responsible for maintenance of the roads?** .....  Yes  No  
If so, how many miles of road? \_\_\_\_\_
- I. **How many parks?** \_\_\_\_\_ Describe in detail: \_\_\_\_\_  
\_\_\_\_\_ How many trails? \_\_\_\_\_
- J. **Any horse trails or bike trails?** .....  Yes  No  
If yes, how many miles of trails? \_\_\_\_\_ Describe trails in detail: \_\_\_\_\_  
\_\_\_\_\_
- K. **Any stables?** .....  Yes  No      **Riding arenas?** .....  Yes  No  
**Jumps?** .....  Yes  No      **Saddle animals for hire?** .....  Yes  No
- L. **Is this a master association which provides group common areas for individual associations?** .....  Yes  No
- M. **Does association include commercial and/or institutional members?** .....  Yes  No
- N. **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
- O. **Total number of employees:** \_\_\_\_\_
- P. **Does applicant have Workers Compensation coverage in force?** .....  Yes  No
- Q. **Does applicant lease employees?** .....  Yes  No
- R. **Any special events?** .....  Yes  No
- S. **Any sponsored athletic teams?** .....  Yes  No  
If yes, please describe: \_\_\_\_\_
- T. **Any other exposures which the association is responsible for?** .....  Yes  No
- U. **Please attach any descriptive or advertising literature.**

**Previous Insurer: Indicate premium and losses for past three years. Describe all losses.**

YEAR	COMPANY	POL.#	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

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.

**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.

**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.

NAME AND TITLE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Name and Phone Number of person to contact for inspection and/or premium audit purposes \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER \_\_\_\_\_

***(Applicable to Florida Agents Only.)***

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.

**ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE**  
Condominium or Homeowners Association