

**WELLINGTON SPECIALTY INSURANCE COMPANY**

**CONDOMINIUM/HOMEOWNERS ASSOCIATION  
SUPPLEMENTAL APPLICATION**

Wellington  
Specialty  
Insurance Company



(Complete in addition to Acord Application)

Agency Name: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Policy Period Effective From: \_\_\_\_\_ To: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

(No., Street, County, State, Zip Code)

Please check one of the following to indicate the association type:

- TOWNHOUSE ASSOCIATION     HOMEOWNERS ASSOCIATION     CONDOMINIUM ASSOCIATION
- COMMERCIAL ASSOCIATION     OTHER (refer to underwriter): \_\_\_\_\_

**BUILDING(S)**

Year built: \_\_\_\_\_ How long owned/managed by applicant? \_\_\_\_\_

Give date of updating for: Electrical Wiring: \_\_\_\_\_ Roof \_\_\_\_\_ Heating/AC \_\_\_\_\_ Plumbing \_\_\_\_\_

Construction \_\_\_\_\_ Number of Buildings \_\_\_\_\_ Number of Stories \_\_\_\_\_ Number of Units \_\_\_\_\_

Square footage of Clubhouse, including Exercise Room: \_\_\_\_\_

Is the clubhouse rented to others (including association members) by the association?     Yes     No

If 'Yes', please describe: \_\_\_\_\_

Any elevators?  Yes  No    If Yes, provide full details of service contract under 'Other Comments' on page 3.

**LIFE SAFETY**

1. Smoke detectors in all areas including common areas?     Yes     No

If 'Yes', are they     Hard Wired    or     Battery Operated

2. Central Fire Station Alarms?     Yes     No

3. Sprinklers?     Yes     No

If 'Yes', indicate percentage: \_\_\_\_\_

**COASTAL EXPOSURES**

1. What is the exact straight line distance to the nearest body of water such as ocean, gulf, bay, etc.? \_\_\_\_\_

2. Is this property eligible for the state windstorm pool?     Yes     No

3. Any wind breaks between the water and applicant's property?     Yes     No

If 'Yes', explain: \_\_\_\_\_

4. Provide full information on any marina exposure: \_\_\_\_\_

**UNIT OCCUPANCY**

1. Please check one of the following regarding rental units:

No Rentals     Rental handled by individual unit owners \_\_\_\_\_%

Rental handled by the Association \_\_\_\_\_%     Rental handled by property managers \_\_\_\_\_%

What is the percentage of owner occupied units? \_\_\_\_\_    What is the # or % of unsold units? \_\_\_\_\_

Are any of the units on time share?  Yes     No    If 'Yes', what is the # or % of units on time-share?

**RECREATIONAL**

Describe any recreational facilities (i.e., playgrounds, trails, special events, parks and sports related areas) : \_\_\_\_\_

**POOLS, SPAS, LAKES, ETC.**

1. Indicate the number of: Pools \_\_\_\_\_ Spas \_\_\_\_\_ Jacuzzis \_\_\_\_\_ Lakes \_\_\_\_\_  
 Does each pool have:
- a. Fence and self-latching gates?  Yes  No  
 If 'Yes', describe fence: \_\_\_\_\_
  - b. Depths marked?  Yes  No
  - c. Diving board or slides?  Yes  No
  - d. Lifeguards?  Yes  No
  - e. Posted "Swim at your own risk"?  Yes  No
  - f. Life saving equipment available?  Yes  No
- If 'No' to a. through f. above, provide details: \_\_\_\_\_
2. Are any lake or ponds adjacent to or near the property?  Yes  No  
 If 'Yes', please answer the following:
- a. Number of acres in each lake or pond \_\_\_\_\_
  - b. Existence hazard only  Yes  No
  - c. Swimming, fishing or boating allowed  Yes  No
  - d. Is lake or pond fenced?  Yes  No  
 If 'No', are signs posted? Sign wording: \_\_\_\_\_  Yes  No
- If 'Yes' to b. through d. above, provide details: \_\_\_\_\_

**OTHER EXPOSURES**

Do any of the following ancillary exposures exist:

1. Restaurant or Club? (Must have ansul system)  Yes  No If Yes, Is liquor served or sold?  Yes  No  
 Are restaurants/clubs operated by:  Association  Lessee  
 If operated by the Association, indicate receipts from: Food: \_\_\_\_\_ Liquor sales: \_\_\_\_\_
2. Retail Stores?  Yes  No  
 Are retail stores operated by:  Association  Lessee  
 If operated by the Association, indicate receipts: \_\_\_\_\_
3. Convenience Stores?  Yes  No  
 Are convenience stores operated by:  Association  Lessee  
 If operated by the Association, indicate receipts: \_\_\_\_\_

**UTILITIES, STREETS/ROADS & DEVELOPER INTEREST**

1. Are utilities supplied by:  Public Utilities? or  Private Utilities?  
 If private, please describe: \_\_\_\_\_
2. Any water/sewage treatment or disposal facilities?  Yes  No
3. Number of miles of streets/roads (less than 20 miles): \_\_\_\_\_
4. Indicate percentage of developer interest: \_\_\_\_\_%  
 Developer sits on board of directors  Developer not on board of directors
5. Any vacant land owned by the Association?  Yes  No  
 If 'Yes', provide details: \_\_\_\_\_
6. Any remodeling or updating planned in the next 12 months?  Yes  No  
 If 'Yes', provide details: \_\_\_\_\_

**SECURITY**

1. Please describe security of premises:  
 No security  Gated Security or Patrols  Unarmed security (**Note: No** armed security or dogs permitted)
2. If unarmed security, indicate if:  
 Employed  Subcontracted – certificates not required  Subcontracted – certificated required
- Please provide details: \_\_\_\_\_

3. Please provide full information on maintenance and subcontractor work: \_\_\_\_\_

**PRIOR CARRIER INFORMATION – PREVIOUS THREE YEARS**

	<b>Year:</b>	<b>Year:</b>	<b>Year:</b>
Carrier Name, Policy # & term			
Limits/Coverage			
Premium			

**LOSS HISTORY – PREVIOUS FIVE YEARS**

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open/Closed)

**OTHER COMMENTS**

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**Please return to:**

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

\_\_\_\_\_  
Applicant's Signature                      Date                      Agent's Signature                      Date