

TENNESSEE UNDERWRITERS INC.  
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## CONDOMINIUM/HOMEOWNERS ASSOCIATION APPLICATION

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

Web Address \_\_\_\_\_

Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_ to \_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Number of Single Family Units \_\_\_\_\_ Condominium / Townhouse Units \_\_\_\_\_

2. % Owner Occupied \_\_\_\_\_ % Tenant Occupied \_\_\_\_\_

3. Number of stories (over 7 stories, submit) \_\_\_\_\_ Construction \_\_\_\_\_

4. Age of buildings \_\_\_\_\_ Total Square Footage \_\_\_\_\_

5. Does Developer retain any interest in the Association? .....  Yes  No

If yes, **submit**.

6. Number of miles of streets the Association maintains \_\_\_\_\_

If over 5 miles, **submit**.

7. Year of latest update: Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ Wiring \_\_\_\_\_

If aluminum wiring verify all outlets are pigtailed. \_\_\_\_\_

8. Surrounding area:  Improving  Stable  Declining

9. Security:

Does the Association employ security guards? .....  Yes  No

If yes, are the guards independent contractors or employees of the association? \_\_\_\_\_

If guards are independent contractors a certificate of insurance must be obtained from the service.

If guards are employees of the association rate separately; Basis of premium is total payroll. **Submit** for armed guards.

10. Does the association provide drinking water to members? .....  Yes  No

If yes, **attach** a completed Rural Water Company Supplemental Application, S370s.

**RECREATIONAL FACILITIES**

Complete for swimming pools or lakes:

**POOLS**

Number of Pools \_\_\_\_\_

Is pool fenced from all units? .....  Yes  No

If no, **submit**.

Are there self-locking gates? .....  Yes  No

Does the pool have depth markers? .....  Yes  No

Are rules posted? .....  Yes  No

Is there lifesaving equipment in place? .....  Yes  No

Is there a lifeguard? .....  Yes  No

Is there a diving board? .....  Yes  No

Is there a slide? .....  Yes  No

If yes, what is the height? \_\_\_\_\_

(If over 1 meter, **submit**.)

Does association sponsor a swim or dive team? .....  Yes  No

If yes, **submit**.

**PONDS/LAKES**

Number of lakes/ponds? \_\_\_\_\_ Number of acres: \_\_\_\_\_ Max. depth of water: \_\_\_\_\_

Is the lake fenced? .....  Yes  No

If no, are rules posted concerning use at your own risk? .....  Yes  No

If no, **submit**.

Is swimming allowed? .....  Yes  No

If yes, are signs posted swim at your own risk? .....  Yes  No

If no, **submit**.

Any diving platforms? .....  Yes  No

If yes, **submit**.

Any docks or piers? .....  Yes  No

If yes, signs must be posted no jumping or diving allowed.

Any watercraft rental? .....  Yes  No

If yes, describe number and type. \_\_\_\_\_

A rental agreement with a hold harmless agreement must be used.

Any water skiing or jet ski allowed on lake? .....  Yes  No

If yes, **submit**.

**ADDITIONAL EXPOSURES**

1. Describe playground equipment (e.g. fenced condition, height, etc.) \_\_\_\_\_  
\_\_\_\_\_

2. Complete the number of the following:

Volleyball Courts \_\_\_\_\_ Tennis Courts \_\_\_\_\_ Basketball Courts \_\_\_\_\_ Baseball Fields \_\_\_\_\_  
Parks (acres) \_\_\_\_\_ Clubhouse (sq. ft.) \_\_\_\_\_ Biking Trails (miles) \_\_\_\_\_ Jogging Trails (miles) \_\_\_\_\_  
Exercise Facilities \_\_\_\_\_

**COMMERCIAL PROPERTY**

(Please provide complete information for each insured location. **Attach** separate sheet, if necessary.)

BUILDING INFORMATION	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			
ALARM	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	___ Roof ___ Plumbing ___ Wiring	___ Roof ___ Plumbing ___ Wiring	___ Roof ___ Plumbing ___ Wiring

**LIMITS & COVERAGE – PROPERTY**

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	___%	\$ ___	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)	\$ ___	\$ ___	\$ ___
BPP	___%	\$ ___			\$ ___	\$ ___	\$ ___
BUSINESS INCOME	___% or Monthly Limit \$ ___	\$ ___			\$ ___	\$ ___	\$ ___
SIGNS (DESCRIBE) _____					\$ ___	\$ ___	\$ ___
TOTAL LIMITS					\$ ___	\$ ___	\$ ___

**ADJACENT EXPOSURES**

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

**CONTRIBUTING INSURANCE**

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS
_____	___	___
_____	___	___
_____	___	___

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ \_\_\_\_\_

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ \_\_\_\_\_

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ \_\_\_\_\_

EACH OCCURRENCE \$ \_\_\_\_\_

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ \_\_\_\_\_

MEDICAL EXPENSE (ANY ONE PERSON) \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		

