

CONDOMINIUM ASSOCIATION SUPPLEMENTAL APPLICATION

1. Name of the Association: _____
Is there a developer involved? Yes No
2. Address: _____

3. Total Number of units in complex: _____
Number of Buildings in complex: _____
Number of Floors in buildings: _____
Are there guard rails on balconies? Yes No
Distance between them: _____
4. Are the units all owner occupied? Yes No
If no, please answer the following:
What % are rentals? _____%
Percentage long term (more than 30 days)? _____%
Percentage short term (less than 30 days)? _____%
Who handles the rentals? Association Unit Owner Other _____
Does the association receive revenue from the rentals? Yes No
If yes, list annual revenue: \$ _____
Does the association provide maintenance to rental units? Yes No
5. Are there any commercial occupancies? Yes No
If yes, please detail: _____
6. Are the buildings sprinklered? Yes No
If partially sprinklered, list areas that are sprinklered: _____
7. Are all units equipped with smoke alarms? Yes No
Hard Wired? Yes No
Battery Operated? Yes No
If battery operated, is there a program in place for battery maintenance? Yes No
Are common areas and hallways equipped with smoke alarms? Yes No
8. When were the buildings constructed? _____ Construction Class: _____
If over 25 years old, date the electric was updated? _____
If over 25 years old, date the roof was updated? _____
If over 25 years old, date the plumbing was updated? _____
9. Are the buildings equipped with elevators? Yes No
Number of elevators per building? _____
Name of the elevator maintenance contractor: _____ (COI must be provided)
10. Does the association have a swimming pool? Yes No
Number of pools? _____
Is the pool fenced with a self-closing, self-latching gate? Yes No
Is fence climbable? Yes No
Is there a diving board or slide? Yes No
Is there a lifeguard? Yes No
What are the pool hours? _____
What additional recreational facilities are offered by the association? _____
11. Is there a security guard on the premises? Yes No
If yes, is the guard armed? Yes No
Are security service providers used? Yes No
Are certificates secured? (must provide) Yes No
Name of the security service? _____

12. Is this a gated community? Yes No
 What hours are the gates manned? _____
13. Are parking lots/garages enclosed? Yes No
 Are there electronic gates? Yes No
14. Are there lakes or bodies of water on premises? Yes No
15. Are there docks, slips, or piers owned or controlled by the association? Yes No
 Number of slips, docks or piers? _____
 Description of docks/piers? _____
16. Are certificates of insurance required of outside service providers? Yes No
 What limits of liability are required? _____
17. Are business pursuits other than association business conducted
 from the premises? Yes No
 If yes, please explain _____

18. Have there been any losses involving violent crimes? Yes No
 If yes, please explain _____

19. What is the projected revenue of the association? _____
20. Is there a sewage treatment plant owned or controlled by the association? Yes No
 Is it operated by an outside contractor? Yes No
 Are certificates of insurance secured? Yes No
 What limits are required? _____
 Do you require them to name you as an additional insured? Yes No
 Name of sewage treatment plant operator? _____
 Is sewage treatment plant completely fenced? Yes No
21. Are there any signed contracts for services of any kind from a law enforcement agency (police or
 sheriff) or municipality? Yes No
 If yes, please list _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE
 ANY INSURER, FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE
 INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD
 DEGREE.

Applicant's Signature: _____

Date: _____